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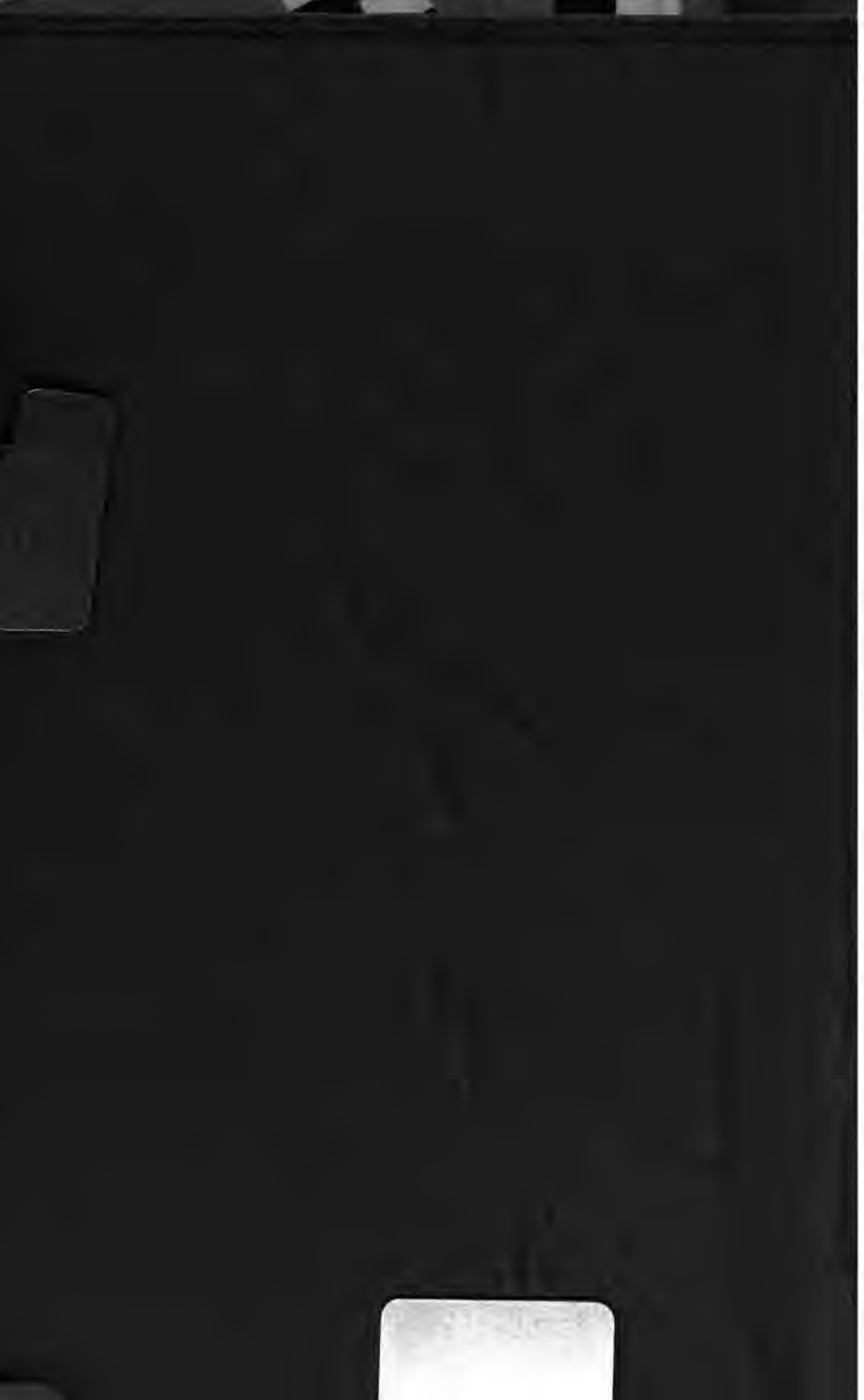
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THE INSANE

IN

PRIVATE DWELLINGS.

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To Dr. Thos. Earle
with Dr. Mitchell's Compts.

THE INSANE

IN

PRIVATE DWELLINGS.

BY

ARTHUR MITCHELL, A.M., M.D.,
DEPUTY-COMMISSIONER IN LUNACY FOR SCOTLAND, ETC.

EDINBURGH:
EDMONSTON AND DOUGLAS.
1864.

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TO

SIR JOHN DON WAUCHOPE, BART.

CHAIRMAN OF THE GENERAL BOARD OF COMMISSIONERS IN LUNACY FOR SCOTLAND,

THIS TREATISE,

IS BY PERMISSION,

RESPECTFULLY DEDICATED.

PREFACE.

THE object of the following treatise is twofold :—

It is intended first to exhibit *the condition of the Insane in Private Dwellings,* as it has been disclosed in Scotland through the operations of the General Board of Lunacy. In doing this, the manner in which the present Law affects them is described, and an account is given of the various ways by which the Board has endeavoured to render their condition satisfactory.

The second object is to show *the extent of proper treatment which can be found in Private Dwellings for a certain class of the Insane, and the necessity which exists for providing, for the accumulation of chronic cases in asylums, an outlet which shall meet the requirements of humanity and economy.*

The subject may be said to be a new one, but it is important as well as new, and therefore deserves to be carefully examined. In the fact that the writer has had unusual opportunities of becoming acquainted with its numerous aspects, lies his reason for attempting the examination which follows. For the opinions expressed, he alone is responsible; but it will be observed that

they accord substantially with those contained in the various reports of the Scotch Commissioners in Lunacy.

It is possible that the many sad and curious revelations which the treatise contains, and which are in some senses a page in Scotch history, may bring it under the notice of the general public, for whom, however, it is avowedly not written. It is rather addressed to those who have a special interest in the Insane, and in the various modes of providing for them; and it is hoped that it may prove useful and suggestive to Parochial Boards and Boards of Guardians, who are so immediately concerned in the regulation of the burden which Lunacy imposes on the country.

TRINITY, EDINBURGH,
January 1864.

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THE INSANE IN PRIVATE DWELLINGS.

THE Scotch Lunacy Law provides *broadly* for "the care and treatment of Lunatics in Scotland." Accordingly two classes of Lunatics are considered in its provisions: one *in*, and one *out of* Asylums.

It is of the condition of the last that I have at present to speak; that is, of the condition of those Lunatics who are found in private dwellings, either under the care of relatives, or under the care of persons not related to them.

In the amount of attention bestowed upon this class of the insane, the Scotch law differs from the corresponding laws of England and Ireland, and is beneficent in a wider sense. Indeed, whether compared with home or with foreign laws relating to the insane, in this respect certainly, and perhaps in others also, it displays a more comprehensive philanthropy, and passes them in a direction which is sure of being followed, should these laws undergo change.

These patients—the insane in private dwellings—are divided into two classes by the character of the source from which their maintenance is derived; some depending for their support either wholly or partially on the Parochial Boards, while others derive it from funds possessed by themselves, or supplied by their friends. In other words, patients in private dwellings are either *paupers* or *non-paupers;* and it will be convenient and

of advantage to speak of them separately, because the relations of the Board of Lunacy, and the requirements of the law, are not the same as regards both.

A further division depends on whether the patients live with relatives or with persons not related to them. It will be necessary to keep this also in view, because here again the legal position of the patients varies.

The insane in private dwellings are thus divided into four classes, viz. :—

I. Paupers,	1. Living with relatives. 2. Living with persons not related to them.
II. Non-Paupers,	1. Living with relatives. 2. Living with persons not related to them.

Before discussing these divisions separately, I shall offer a few remarks, chiefly of a statistical character, on the class as a whole.

THE TOTAL INSANE IN PRIVATE DWELLINGS.

On the 1st of January 1862, the entire number of the insane in private dwellings was estimated at 3628, of whom 1887 were non-paupers, and 1741 paupers. At the same date the whole number of the insane in Scotland was 8207, of whom 5289 were paupers, and 2918 non-paupers. *It thus appears that* 44 *per cent. of all the insane in this country are found out of asylums, and that* 33 *per cent. of the whole number of the pauper insane are thus situated, and no less than* 65 *per cent. of the whole number of the non-paupers.*

The total number of the insane in private dwellings is thus large. It is so absolutely ; but it becomes larger and more important if we look at it in relation to the entire insane population, of which it constitutes 44 per cent. Numbers alone therefore demand consideration

for this class. It is too large to be treated with neglect or indifference, and no scheme for the care and treatment of the insane would be complete which lost sight of it.

It must not be supposed that I am speaking here of something peculiar to Scotland. The number of the insane in private dwellings is probably large in all countries. I have had opportunities of knowing that such is the case in England, France, and Belgium, and I think it may be assumed that in this respect there is no wide difference between any of those countries of Europe which are comparable as to their general social condition. But in Scotland we know more about them, in consequence of the peculiar functions of the Board of Lunacy, in whose estimates of the insane they are always included.[1]

THE NON-PAUPER INSANE IN PRIVATE DWELLINGS.

I shall now describe the legal relations and general condition of the non-pauper insane who are found in private dwellings, and over whom the Board of Lunacy exercises but a limited control.

Those of them who are boarded with strangers, that is, with persons not related to them, ought, according to law, to be under the Sheriff's warrant, on certificates of insanity from two medical men. This brings them within the jurisdiction of the Board of Lunacy, and necessitates their being visited at stated periods by officers of that Board.

The principle here involved is a correct one. As their care is undertaken by strangers, it is fairly assumed that they are kept for profit, and that inspection by a

[1] From this has arisen the erroneous notion that there is more lunacy in Scotland than in the sister kingdoms.

public official is as necessary as if they were placed in a private asylum,—improper treatment and improper detention being as possible in the one case as in the other.

It happens, however, that this requirement of the law has been so extensively evaded as to be practically a dead letter. The average number of private patients placed under the order of the Sheriff in the houses of strangers is only twenty-two,[1] yet the whole number of such patients is estimated at more than three hundred. We have thus only 1 in 15 placed in conformity with the Act, and by that means brought under the salutary supervision thereby provided. This is greatly to be regretted, as the inquiries of the Commissioners leave no doubt as to the existence of abuses, which, in consequence of this evasion, it is not in their power to correct. It must be borne in mind that these patients do not come under the cognisance of the Board of Lunacy *until* they have obtained the order of the Sheriff, with whom (or with nobody) it rests to insist on a conformity to the Act, and to enforce penalties in case of evasion; yet no means have been provided for bringing the existence of such cases to his knowledge. The obtaining of his order involves trouble, expense, and publicity, and is apt to be looked on as a formidable procedure, having an odour of crime about it. For this and other reasons, it is avoided when possible. And as the only way in which it benefits the patient or the public, is by bringing the case under statutory inspection at the hands of the Board, it is thought that in such cases at least (belonging

[1] The actual number for the different years is as follows :—

1858, . .	20
1859, . .	24
1860, . .	21
1861, . .	22
1862, . .	21

to the so-called harmless and easily managed class of the insane,) it would do good to substitute for the *order of the Sheriff* the less formal and less formidable *sanction of the Board of Lunacy*, which would not be so strongly objected to.

So much for those non-pauper patients who are boarded with strangers. We come now to those who live with relatives, or in their own houses, over whom the Board has still less control; there being very properly an unwillingness to interfere while the patients are under the care of their natural guardians, and are supported without parochial or other public assistance. Where such a patient, however, has been affected with insanity which has endured for more than a year, and which has been such as to require coercion and restraint, the occupier of the house, or the medical person attending the patient, is required to intimate his detention to the Board. Here again we have the development of a sound principle, for it is clearly not right that any man should have the power of continuously depriving another of liberty, and of subjecting him to a restraint, which may be absolutely cruel, or cruel because unnecessary, and which may possibly be resorted to from interested motives and under a false assertion of insanity. The relationship of parent, husband, wife, brother, or sister, ought not to confer such a power,—to be exercised secretly, and without legal sanction. This is the principle which appears to have guided the framers of the Act; but doubts as to what constitutes *coercion and restraint*, and a natural disinclination on the part of medical men to be informers, will always make its provisions on this point very limited in their utility.

When such cases become known to the Board (and through channels of which I shall shortly speak many

have been brought under its notice), the patients are visited, and inquiries made regarding their condition; but it is not clear that the Board even then can do much more than give advice, unless the treatment be such as to appear criminal, when the circumstances are laid before the Sheriff, who makes such inquiries as he may see fit. Through this channel the proper remedy has been applied in several cases of extraordinary cruelty, and though the Board's efforts to rectify abuses of this character have sometimes resulted in failure, they have often been successful, and much suffering has thus been relieved.

Before illustrating *by cases* the manner in which the Board of Lunacy has had to deal with this, the non-pauper, class of the insane, I must explain how the Commissioners, having only an indefinite connexion with, and a limited control over them, have nevertheless acquired such an accurate knowledge of their condition and numbers as to enable me to offer these illustrations, and to speak definitely of them as I have done.

The 51st section of the Act, required the Board to examine into the whole extent and condition of mental disease in the community. This involved the visitation of all classes, in whatever way circumstanced; and a full and accurate knowledge of the whole state of lunacy in the country was thus acquired. From information so obtained, the Board was enabled to estimate at 1887 the number of the class of which I am at present treating.[1]

During the course of this inquiry (up to 1st January

[1] Besides their mere numbers, many other facts regarding them were ascertained, some of which are here detailed.

Further

1862), 2508 visits were paid, and the results of each visit were reported to the Board. In addition to this, 1504 reports were sent in embodying communicated information, where actual visitation was not thought necessary. All these reports referred exclusively to the non-

Further statistics of Non-Pauper patients in private dwellings :—

I. *Form of Disease.*

Idiots, . .	36.1 per cent.
Imbeciles, . .	36.6 ,,
Acquired insanity,	27.3 ,,
	100.0

II. *Sex.*

	Total Number.	Proportion.
Males, . . .	1041	55.2 per cent.
Females, . .	846	44.8 ,,
	1887	100.0

III. *Age and Form of Disease in* 963 *cases consecutively examined.*

Ages.	Idiocy and Imbecility.	Acquired Insanity.	Total.
0– 5	5	0	5
5–10	42	0	42
10–15	87	0	87
15–20	106	4	110
20–30	201	24	225
30–40	112	57	169
40–50	65	49	114
50–60	50	54	104
60–70	17	57	74
70–80	7	22	29
80–90	1	3	4
Total,	693	270	963

VI. *Mode of Disposal.*

With Relatives, . .	80.7 per cent
With Strangers, . .	16.5 ,,
Alone, . . .	2.8 ,,
	100.0

V. *Social Position.*

In affluent circumstances, . .	4.6 per cent.
In comfortable circumstances, .	25.3 ,,
In straitened or indigent circumstances,	70.1 ,,
	100.0

pauper insane who were found in private dwellings, the more numerous reports regarding the pauper insane provided for in that manner not being included.

These two classes, though somewhat widely separated by their legal relations, are nevertheless in various other respects closely connected together, and I was led to speak first of the non-paupers by the peculiar and important character of one of these connexions, to which I now direct attention.

One of the inquiries of the Board had reference to the social condition of these patients, and it was found that 4.6 per cent. were in affluent, 25.3 in comfortable, and no less than 70.1 in straitened or indigent circumstances.

Of the affluent I say nothing, beyond pointing out the remarkable smallness of their number.

Those in comfortable circumstances are understood to be patients whose means would allow of their being boarded in an asylum at pauper rates. No such accommodation, however, exists, except in association with actual paupers; and it is easy to understand why this last should be objected to and avoided in the cases of those who, though not rich, belong in very many instances to the educated class, are accustomed to some degree of refinement, and include in their number clergymen, doctors, lawyers, schoolmasters, governesses, and such like. The benefits of early treatment in a well-appointed asylum are too rarely enjoyed by this class, and the worse of the only two possible courses is followed. Rather than place such patients among actual paupers, their friends keep them at home, where restraint and seclusion must frequently be resorted to while the disease is acute. We know little of what the results of treatment in private dwellings might be if well conducted, but we know too certainly that treatment such

as I have alluded to, under circumstances so unfavourable, must generally end, wherever it is practised, in confirming the patient's malady, and extinguishing the hope of cure. It would be an act of the highest philanthropy to create and endow (by public subscription, or by the munificence of an individual) a middle-class institution in which such patients could be received at low rates of board, paid of course by themselves or by their friends, and not by parochial boards. Better treatment is not so much the desideratum as the being treated apart; that is, in association with those more or less of the same social status. It is true that there are in asylums, among actual pauper lunatics, persons of this grade—many of them; that is, persons who have not of their own even sufficient to pay the lowest rate of board, and who are paupers in the strictest sense. But it is often with a feeling of sorrow that they are seen there. It is felt to be an addition to their calamity that it must be so, and is surely no reason why those who are differently, and somewhat more fortunately situated, should not, *if possible*, enjoy that isolation which they desire, and which, besides being acceptable, would undoubtedly be favourable to treatment.

Those in indigent or straitened circumstances, however—70 per cent. of the whole—demand our chief attention, from the fact that to a very large extent they directly feed the roll of *pauper* lunatics, and this usually with cases of chronic and confirmed insanity. It thus happens, that when a pauper lunatic is for the first time intimated to the Board of Lunacy, it is common to find that the case is not really a recent one.[1] It is new only *quoad* pauperism, but *quoad* lunacy it may be one of many years' duration.

[1] This is more particularly true of new intimations from rural districts.

It will not be easy to explain all the ways which lead to this result, but I shall endeavour to show some of them.

The son of an able-bodied labourer, for instance, becomes insane, and relief is applied for, but is refused, because the father is able-bodied, and therefore bound to support his children. He cannot, however, send his son to an asylum. *His whole earnings* would scarcely do more than pay a pauper's board. So he puts a strait-jacket on him, or chains him to the wall, or builds a little cell for him, and locks him up there. He does something of this kind in order that he may get out to his work, without leaving his wife in danger. But it may be that he is too tender-hearted for such a course, and to avoid it, he stays more or less constantly at home, and sends his wife out to work. She earns little, however, and poverty and pinching come, with confusion, misery, heartlessness, neglect, indifference, and disease. He then renews his application, and being no longer an able-bodied father, his son is received as a pauper lunatic. By some such road as this many lunatics travel down to pauperism, dragging their whole family along with them. The sure and *broad* pauperizing effects of insanity are not generally well understood; the number of those who become paupers through insanity being vastly greater than the number of those who become insane through poverty.

Such a case as the foregoing, which is common, and the whole *peculiarities* which surround the pauperism of insanity, have led to the suggestion that "its occurrence should, *ipso facto*, entitle a lunatic, especially if he has attained majority, to be considered as on his own resources, and give him a claim to parochial relief independently of the circumstances of his family."[1] Without endorsing this suggestion in its entirety, I certainly am of opinion that when relief is asked *in the shape of*

[1] Report of Scottish Lunacy Commission, p. 246.

removal to an asylum, especially if the disease be acute, and if the medical officer of the parish declare the step to be proper or necessary, it would be at least a charitable act to take a liberal view of the patient's own circumstances, and of the circumstances of his family. But it would not simply be a charitable act, for, in the long run, over a large number of cases, it would certainly be a source of saving; so that a far-seeing self-interest as well as benevolence point to the course as a proper one.[1]

But we shall take another case, that of a labourer or tradesman who has a son insane, and who declines asking relief, because, as the house in which he lives is his own, he would have to make it over to the parish if relief were granted. Like those of his class, he magnifies the value of his little property, and cannot make up his mind to let it go. He sees a stately mansion and broad acres in the little house and little garden behind it, worth perhaps some forty or fifty pounds. He therefore keeps his son at home, and so begins a downward career like the last, as a rule to end as it did, *unhappily* alike for the patient and the parish.

Or it may be that the son himself is the owner of the little property, and that he is kept in the family in order to save it from being handed over to the parish. Its value is vastly over-estimated, and it is thought capable of maintaining him for years. But it soon melts away, and with it disappears the hope of cure. Sometimes, again, the patient may have just enough of property to tempt his family, being poor, to keep him at home, and there may be abuse or mis-application of this property while it lasts; and when, eventually, the patient becomes a pauper, his malady is confirmed and incurable.

[1] Indeed, it may be accepted as always true, that that which is best for the insane poor is best in the end also, for the pockets out of which they are supported.

All these things happen. I have actual cases before my mind while I write, some of which I shall now detail, to illustrate these and other points in the condition of the non-pauper insane in private dwellings.

I have stated that 70 per cent. of them are in indigent circumstances, and this fact alone leads us to anticipate the existence among them of much misery. These anticipations cannot exceed the truth, for we are assuredly dealing now with the most wretched of all classes of the insane, whether in Scotland or in any other country.

Many of them seem to be just waiting for the disturbance of some precarious arrangement, ere they take one step further down and pass to the pauper list; no cases in the country have exhibited greater misery and want than those in this transition stage. Some, again, are violent and unmanageable, and cannot be detained in a private house without resorting to cruel restraint or barbarous treatment. While in other cases we meet with deplorable illustrations of injudicious management, neglect, insufficient surveillance, or abuse of property.

Altogether, the picture I have to paint is a sad one, but it is the sad side that I have chosen to paint. It is, in short, to the unfortunate aspect of their condition that I wish here to direct attention, and to the efforts which have been and are being made to improve it. Happily, the instances are also numerous which exhibit devotion, self-sacrifice, and most successful and economical management, and to this aspect of the condition of the insane in private dwellings, I shall have to refer at a later stage of this paper, when I shall draw attention to the lesson which it teaches, and to the manner in which it corroborates the growing belief that a large number of the insane can be properly treated in private dwellings.

The cases illustrative of mere *misery and wretchedness* are, of course, those which have been most numerous. These non-paupers, are often "worse off" than paupers —that is, in greater misery—and there is no direct way of ameliorating their condition. Of one idiot woman, for instance, it was reported:—

"By no description can I convey an idea of the misery, filth, and degradation in which I found her. With the dog she sleeps in the ashes at the fire-side, without even the pretence of a bed. I found her half-naked, her breasts exposed, and on her shoulders nothing but a bit of sacking, shawl-ways. The house was ruinous, furnitureless, bare, wet, cold, dark, stinking, and filthy. She lives alone with a brother, who sleeps on loose straw, old and dirty, under a ragged blanket. She has no parochial relief, nor has it been asked."[1]

The attention of the Parochial Board was drawn to the condition of this woman, that being the only course which the Board of Lunacy could adopt, and good results, I believe, followed.

Of another woman, again, we have a report to the following effect:—

"I found her in a little room off the kitchen, lying on a small quantity of straw spread on the bare floor; the floor and straw were wet with urine, and emitted a very offensive odour. With the exception of a man's top-coat thrown over her, she was quite naked; this top-coat was also wet. Two panes of glass in the window were broken, and stuffed with straw. She was apparently in a state of exhaustion."[2]

There was some hesitation in showing the visiting Commissioner where this patient was, and both her mother and sister offered all sorts of apologetic explanations of her condition, and stated that it was found necessary to confine her as she was apt to wander. A copy of the report on this case was sent to the Sheriff, who was proceeding to investigate it, when the Parochial Board

[1] Rep. Gen. Board of Lunacy for Scotland, iii. 250. [2] *Op. cit.* i. 174.

undertook to provide for the patient's proper care and treatment, and she was accordingly placed in an asylum.

The substance of the report on Widow M.[1] is, that she labours under melancholia, passing into dementia; that she used to wander and require restraint, but that she does not do so now; that she was found in a state approaching nakedness, refusing to put on clothes, and destroying them when put on; that her case is one which can be properly cared for only in an asylum, but that her children, with whom she lives, are poor people and cannot send her; that they think they do their best for her, and that a charge of intentional neglect would pain and offend them.

How the presence of such a patient in a small house must act on the other inmates, I need scarcely point out. She is an unproductive member, and must be supported. She is troublesome, requires attention, and cripples the industrial efforts of her children. It is painful to have her condition looked at by strangers, but it cannot be amended, and visitors are therefore discouraged, and the house and family eventually become isolated from friends and neighbours. It would be difficult to imagine healthy merriment in that family. Light-heartedness and energy both disappear from their joyless home. Poverty comes, and in its train indifference. Mental depression and underfeeding lead to disease, and if the hereditary predisposition to insanity be strong, *this disease* may be the development of lunacy in other members of the family. Then comes some crisis in their downward course, and pauperism follows, and we have *the whole family* in need of relief, and one, or two perhaps, requiring removal to an asylum. I am not supposing a case, but am speaking from actual observation. Such histories are common, and it is for

[1] *Op. cit.* ii. 200.

this reason that I have recommended a liberal view to be taken of the patient's circumstances where removal to an asylum is necessary.

A girl of 18 was visited by the Commissioners,[1] and found to be an idiot, wholly ineducable and unproductive, and *of strong erotic tendencies.* On this account she could not be trusted out of doors, and was constantly secluded in a small, close, unhealthy garret. She was pale and sickly from confinement, and from the same cause, and probably also from insufficient feeding, was cross and intractable, destroying her dress and bedding, boisterous, obstinate, and difficult to manage. She was a great burden and a source of anxiety to her parents, and a pernicious example to their other children. Her father was an able-bodied seaman, earning over the year from 10s. to 12s. a week. He asked no relief while his child lived with him, but he asked the parish to place her in an asylum, which was not agreed to. Eventually, however, on representations from the Board of Lunacy, a renewed application was successful.

Such representations, however, are occasionally not attended to, as in the following case, thus reported on:

"Æt. 24. Epileptic mania; has had fits for fourteen years; fits frequent and severe; is greatly excited before and after them; fancies he sees people and objects which are not present; is incoherent and rambling in conversation, and pale and sickly in appearance. Attacks his mother and sisters, who are afraid of him, and keep ropes always ready to bind him. He is treated with kindness, so far as intention goes, but his mother evidently lives in a constant state of dread. He is not a pauper, and relief has not been asked."[2]

The attention of the Parochial Board was called to this case, and a recommendation made that the parish should send him to an asylum, as a precaution against accident or

[1] *Op. cit.* ii. 204; iii. 258.

[2] *Op. cit.* iv. 53.

even loss of life, but this was not done. Another report then reached the Board, in which it is stated that he strikes his mother and sisters, that they are afraid of him, that his mother has had no sleep for five nights from dread of him, that he was found bound in a strait-jacket, that he falls in the fire and has many marks of burns, and that he was insufficiently clothed. Accordingly the recommendation was renewed, when the Inspector reported that the case had been repeatedly under the consideration of the Parochial Board, and that the claims of M. S. to be considered a pauper "were refused on the ground that he lives with his mother and sisters, who are in possession of a good lot of land, with stock thereon, quite sufficient to support and keep them in comfortable circumstances." *This was true, in the sense that she was able to support him at home, so long as he was peaceable and well disposed; but it was not true that she was able to provide for his proper care when he became violent and dangerous, and required treatment in an asylum.* In the meantime, this poor lad died of lockjaw, under circumstances which, in connexion with the recommendations of the Board, led the Procurator-Fiscal to report the case to Crown Counsel.

In many instances, however, representations coming from the Board of Lunacy regarding non-pauper patients are received in the best spirit, and it is felt with satisfaction that their investigations have thus been the means of relieving much misery. D. M'I., a male, aged about 60, was thus reported on :—

"Congenital idiot and deaf-mute; homeless; wanders through the country and supports himself by begging; sleeps where kindly-disposed people give him straw and a blanket; is importunate in begging, gesticulates, and has a repulsive look; terrifies strangers, who are apt to think him dangerous; is, however, said to be harmless; is not un-

frequently seen drunk; is wretchedly clothed; his strength and health are evidently impaired by age; is supposed to have no near relatives; is not a pauper. This man was accidentally seen on the public road in a remote district of Scotland, and inquiries were then made regarding him. It is almost an unchristian act to leave a man so helpless, so old and frail, idiotic and a deaf-mute, with no certainty of shelter and food—often, there is reason to fear, sleeping in the open air in the depth of winter."[1]

On receipt of this report the Board of Lunacy wrote to the Inspector of Poor of the parish in which he had been found, stating that they would be glad to hear that this man's name had been placed on the poor-roll. It appeared, however, that the attention drawn to the case by the visiting Commissioner had been sufficient, and the Board was promptly informed that the poor man had been lodged in a private house, supplied with new clothes, and enrolled as a casual pauper. In the same month he was registered as a regular pauper of the parish, when a permanent provision was made for his safety and comfort.

So also with M. G., a female, aged 55, from the report on whose case I extract the following:—

"Pale, haggard, emaciated; complains of dyspnœa and pain in side, with sense of sinking and debility. Remains almost constantly in bed. Has a sister insane. Disease may have originated in religious anxiety. It has been of some years' duration. Never wandered. Rarely prepares food, and if left to herself would not prepare it. Is not suicidal. Indifferent as to her children, and as to her duties, etc. Lives with her husband, who was formerly a farm-servant, but who received a hurt about a year ago, and is now only employed as a day-labourer, and from charity. House built and thatched with sods, ruinous, dark, damp, wretched; floor spongy and boggy, now a puddle from rain, which enters at all points. This is perhaps the most miserable hut visited. The family appear without any means of subsistence."[2]

On their attention being drawn to this case, an allowance of 4s. per week was at once granted to her by the

[1] *Op. cit.* i. 206.

[2] *Op. cit.* iv. 55.

Parochial Board, and the house was repaired, and the whole circumstances of the patient greatly improved.

Sometimes the interposition of friends defeats all efforts to provide properly for these patients, as in the case, from the report on which, the following is extracted :—

"J. F., age 50; *mania*.—When visited she was pacing the room rapidly and anxiously, and expressing her horror at the approach of the last day. She has been in the habit of taking stimulants and opium to dull the pain in her head, but has taken no opium for a week, and no whisky for a long time. She has repeatedly rushed through the village in a state of complete or partial nudity. Takes paroxysms of swearing, crying, and violence even when not under the influence of stimulants. Has been more than once in jail. On last occasion her fury was so great that she was confined by a strait-jacket, tied to her bed, and watched by a special attendant. Has twice attempted to commit suicide. Has repeatedly threatened to destroy herself. When sober, as she was when examined, is restless, despairing, or furious. Sleepless, she avers, for months, certainly for nights and weeks. Pupils small; aspect terror-stricken."[1]

The propriety of removing her to an asylum was pointed out to the Parochial Board, and no opposition was offered, but the husband interfered, and she was left at home. This woman was next met with in the lunatic wards of the Central Prison at Perth, where she was found with a wound in the throat, which she had inflicted with a suicidal intent, and which ultimately caused her death. This fatal catastrophe was pointed out as probable, and might have been prevented but for the senseless interference of the patient's husband. In many other similar cases, however, the warnings of the Board have not been disregarded, and such calamities have in this manner been frequently averted.

The connexion between this class and the pauper class is so close that in the majority of cases the Parochial Boards are the channels through which alone the means of ameliorating their condition can come; but

[1] *Op. cit.* ii. 46.

it is not so always, as for instance in the following case, where the investigations of the Lunacy Commissioners led to a withdrawal of parochial aid, to the advantage of the patient :—

"I. R., a female, aged 28.—This is a peculiar case of imbecility. She speaks well and freely, but gives the most irrelevant and childish answers to simple questions; occasionally, however, answering with a degree of cunning and intelligence that at first made me suspect feigning. She could not tell me how many pence there are in a shilling, how many halfpence in a penny, how many fingers she has, the day of the week, nor does she know anything of religious truth. She calls the attention of the children around to the discharge when she menstruates. She cannot dress without help. She shows no natural affection for her children, refused to nurse them, and displayed such ignorance at the time of their birth as could only be explained by great imbecility. She cannot read, but no effort has ever been made to educate her.

"She is the illegitimate child of a man in good position.

"The patient's mother after giving birth to her, married, and had several children, three of whom are said to have been convicted of crime. She (the mother) is said then to have become a wandering prostitute, and along with her imbecile daughter to have been often in prison for drunkenness and disorderly conduct. It is said also, that she made her child a prostitute, and that they together cohabited with the same men.

"The patient's obscene and profane language, and the unblushing manner in which she discourses of men and their doings with her, go to establish her imbecility, and give at the same time a certain probability to this history.

"Of late, the girl is said to have lived in a sort of concubinage with two men at one time. She admits this, and says that all three slept in one bed. One of the twin children she bore about three months ago appears to be also an imbecile. Since the birth of these children she has been a pauper." [1]

As an indirect result of the visit of which the foregoing is the report, the father of the unfortunate girl was led to recognise his obligation to support her, and

[1] *Op. cit.* i. 199.

at the next visit, the Reporter says:—"She is now boarded with Mrs. D. at £16, 16s. per annum. She has a safe and comfortable home, is well-clothed, clean, happy, and useful. She eats with the family, goes to church, and is dressed and treated as a sane person."

Most of the cases to which I have hitherto referred, have been cases in which both patients and guardians, though not paupers, have nevertheless been in a state of decided poverty; but too frequently we have met with patients surrounded by the evidences of something like wealth, yet whose condition was one of the utmost wretchedness and neglect. E. G., aged 41, is thus reported on:—

"A large-featured, gibbous-jawed dwarf, whose hair is so thick, matted, and solid, that the dimensions of the head could not be estimated; whose skin is generally excoriated; whose teeth are gone, and whose legs are contracted. Has been liable to epilepsy since she was seven years old. Hand was severely burned, and forefinger distorted in consequence. From the deformity and contraction of legs, falls in attempting to stand or walk, but may crawl to door. Of dirty habits. She cannot wash or dress herself. Found grovelling among ashes close to fire, in which the *nates* have formed a nest or shallow pit, where she crouches during the day. Has often fallen into the fire and been burned. Sometimes sits up during the whole night roaring, howling, and biting. Speaks, but not intelligibly. Bed of breckan in a box near the kitchen fire, all shockingly filthy. Clothing black and disgusting. Her hair never was combed. Skin covered with layers of soot and ashes. Lives with her mother and brother. This is perhaps the most wretched and neglected case the Reporter has seen, and this amidst comparative wealth, and in a house giving evidence of a coarse affluence."[1]

The powers of the Board did not admit of any interference in this case.

Even when the property belongs actually to the patient, instances of neglect and injudicious manage-

[1] *Op. cit.* iv. 55.

ment are numerous. J. M., who has ample means, was found shut up alone in a bare cheerless garret, kept out of sight and out of the way there, and encouraged to remain in bed, where he was acquiring dirty habits. Yet his mental condition was such as to permit of his enjoying a large amount of personal liberty if he had had an efficient attendant, while the existing management was such as to hasten the further destruction of his mind and lead to degraded and filthy habits.[1]

When an insane person possesses property sufficient to surround him with all reasonable comforts, and to procure for him all the enjoyment in life of which he is capable, there should be some way of securing this just and desirable end, and the power should be placed in the hands of men who cannot be personally interested, and who can command the special knowledge required. Though the Court of Session when applied to, undertakes the responsibility of the proper administration of the affairs of a lunatic, and appoints for that purpose a *curator bonis*, who reports his intromissions to the Accountant of Court, there is still no control over the person of the lunatic, nor over his place or style of residence. There is no provision in short for the proper application of his funds. They cannot be wasted, but they may be hoarded for the benefit of survivors, or sums may be nominally spent on him which are really spent on others, the insane possessor leading in the meantime something worse than a pauper's life. The following details will illustrate the operation of the provisions of the present Statutes in this matter :—

"A person in a state of dementia was entitled, under his father's will, to the liferent of a house in a county town, and the interest of certain monies sufficient for his comfortable maintenance. On the

[1] *Op. cit.* ii. 200.

application of trustees, the Court of Session appointed a *curator bonis*, who took an early opportunity of visiting the house, partly for matters of business, and partly to satisfy himself as to the manner in which his ward was treated. He found him in a filthy and neglected condition, under the care of a near relative, and two female domestics. Being dissatisfied with the appearance of his ward and the character of his custodians, he shortly afterwards announced his intention to remove him from their care, and, with this view, he called on the relative alluded to to leave the house. To this request an answer was received from a solicitor informing the curator that he was exceeding his powers, as the law conferred upon him no authority over the patient's person, but merely intrusted him with the administration of his property. Accordingly, when the curator next presented himself at the house, he was refused admission, and was thus prevented from taking the steps which, in his opinion, were necessary for the proper care and comfort of his ward." [1]

The attention of the Board of Lunacy was called to this case, and the patient was visited by the Commissioners, who reported, "that in their opinion the patient does not receive that constant supervision and attention, and that kindness which his condition demands; and that he has not that amount of comfort and freedom which the extent of his means could procure for him, and which he is perfectly capable of enjoying." It was not thought, however, that the statutory powers of the Board enabled them to interfere.

The Board has also been twice applied to by the Accountant of the Court of Session to report on the condition of patients placed with relatives, regarding whose proper treatment he had reason to entertain doubts.[2] The result of the inspection was generally not satisfactory, but interference was impossible, and if improvement followed, it was the result simply of judicious counsel, which no one had a right to enforce—the insane in Scotland who have property being in a peculiarly helpless and unprotected condition.

[1] *Op. cit.* ii. 115. [2] *Op. cit.* i. 79.

But by far the most startling disclosures, resulting from the investigations of the Board into the condition of the non-pauper insane in private dwellings, relate to those patients who are barbarously and cruelly treated, or subjected to prolonged restraint. Of these I cannot furnish a better case than the following :—

"M. D., aged 25, and M. D., aged 34. These two lunatics, both women, live with their parents.

"In the corner of a low-roofed, dark, clay-floored room, a sort of cage or stall, about 8 feet long and 5 wide, has been rudely constructed of boards, laid close together at the end, but in front with intervals or in bars; and this for seven years has been the place of confinement of the younger of the sisters. So dark is the room, that I found it impossible to discover, by looking between the bars, where she was lying. In order more accurately to ascertain her condition, I procured a candle, had the well-fastened door opened, and entered the cage. I found her huddled up in a corner on some loose straw, in a state of all but nudity, under an old, coarse, and scanty coverlet, begrimed with filth and covered with vermin. She passes her urine and fæces where she lies. The litter impregnated with these evacuations is but rarely changed. My feet sank in it, when I moved about as in a wet farm-yard dunghill. The stench was sickening, and, at each step I took, imprisoned volumes of offensive gases seemed to be set free from the damp straw. The floor of the cage is of clay and uneven. As I bent over her and spoke to her, she became violent and attempted to strike me, but refused to speak.

The room itself is dark, dirty, and disorderly in the extreme. Its one bed—a box one—for father, mother, and the other lunatic daughter, is in a state of absolute beastliness. The father was in keeping with all the surroundings: unshaved and unwashed for weeks; in filth-stiffened clothes; haggard and sottish. The whole scene, in short, was an intensification of filth, inhumanity, and degradation that defies description.

"The other daughter I did not see, though I made every effort to find her. She wanders about in the woods in the coldest weather, half-naked, and flies from all who approach. She became insane some three years ago, when her parents sent her for three months to the Perth asylum. She was a milliner and an industrious, respectable, well-to-do woman,

"The girl in the cage has been insane for 15 years, but for a long time was not violent. I had heard that she was fond of sweetmeats, and by a liberal supply of candy at my first visit, repeated at my second, I got her to look up and speak to me, and I learned that, in the interval between my visits, she had been telling her father that she wished to dress and go away with me. I mention this to show that she is by no means beyond the influence of kind treatment.

"I understand that two and a-half years ago the Parochial Board wished to remove both sisters to an asylum. At first the parents seemed to agree, but then refused, and have ever since done so, lest their property should pass out of their hands. This property is now worth little or nothing. It was originally valued at something between £1000 and £2000, but idleness, drunkenness, and mismanagement, together with the burden which the condition of the daughters involves, have united in consuming it, and all of them must soon be paupers." [1]

On the application of the Board, the Sheriff granted his order for the removal of these patients to an asylum, and three months afterwards they were seen there by one of the Commissioners, when M. D. was found "engaged in sewing, calm, talkative, and cheerful; and her sister, so long confined in the cage, calm, plump, and according to the superintendent, perfectly tractable."

This case was encountered in a small country village, but another of the same character was found in a large manufacturing town. It is thus alluded to in the Third Report of the Board of Lunacy :—

"For many years a young woman was kept in a cage in a small back-room of a shop in P—, in a state of absolute nudity. She is said to have been about 14 years of age when she became insane, and was 28 when removed to the lunatic wards of the Poorhouse. For several years her father was the only other occupant of the house, and was, during this time, her sole attendant; and although the neighbours were in the frequent habit of visiting her, it was only a short time before her removal that the case became known to the parochial authorities. Although now returned to us as a pauper, the

[1] *Op. cit.* i. 175.

cost of the maintenance is, we understand, defrayed by her father, who will thus himself soon be reduced to pauperism. He consented to her removal, under the belief that he was liable to a heavy penalty for detaining her at home; and it is fortunate that he took this view, as we might have found ourselves powerless to enforce her removal under the provisions of the Statute."[1]

Indeed, in one remarkable case, which I shall presently detail, all the efforts of the Board to liberate the patient were without success; and in others, the Board has not thought it right to attempt any interference beyond the giving of counsel and the offering of recommendations to the friends of the patients, or to Parochial Boards. Nothing beyond this was done in the case of two epileptic imbeciles, the sons of a hedger earning 13s. a week when he found work.[2] One of the imbeciles is active, restless, mischievous, destructive, and has a constant desire to run from home. He was found half naked and dirty, grovelling among the ashes on the hearth, fastened to the chimney-corner by a chain, which was secured round his waist by a large padlock. Another man was visited, who for many years had been chained to the ground in a turf hovel or kennel.[3] The contrivance in this case was of the most cruel and barbarous character. On the representations of the Commissioners, he was removed to an asylum at the expense of his friends, and remained there for a year, when he returned to his home, where he was again visited, and found actively engaged in out-door work in perfect freedom, his cell having been pulled down, and his chains sent to the blacksmith, and made into horse-shoes. Another patient, an old man, was found "chained by the ankle to a corner of the chimney;"[4] and a young woman was chained by the waist to a huge stone, which

[1] *Op. cit.* iii. 42.
[2] *Op. cit.* iii. 235.
[3] *Op. cit.* iii. 237.
[4] *Op. cit.* ii. 195.

she was just able to carry from one room to another. In both of these cases, the restraint was applied to prevent escape, and the patients were otherwise well cared for.

I have one other case still to detail, and with it I shall conclude the illustration of this part of my subject. It is the case of a poor woman labouring under chronic mania, who for many long years was subjected to a restraint so cruel and barbarous in its nature, that in my opinion it would have expiated her crime had she been the most foul-hearted murderess that ever breathed. Let it be remembered, however, that she was not this, but an innocent though most unfortunate woman, who laboured under that greatest of all earthly afflictions, aberration of intellect, and whose condition commanded the active sympathy of every rightly constituted mind.

The woman was first seen in the summer of 1858, and on receipt of the report, the Board immediately took steps to improve her condition, but without success. She was again seen in the summer of the next year, when her condition was reported on as follows :—

"I found her in a strait-jacket, the arms of which were laced with a rope to the sides of her bed, which had been constructed for the purpose. The shoulders and back of the jacket were laced to the head of the bed. To the lower border of the jacket a long apron of strong canvas was attached, which was also laced to the sides of the bed.

"She passes her urine and fæces where she lies, and is cleaned every second day. At the time of my visit the urine was dropping from the bed, and the odour was very offensive.

"She is said to have been ten years insane, and to have been for several years, without intermission, the subject of this inhuman treatment. Before entering the house I heard her cries, and while I was beside her, she was violent and noisy, struggling to escape from her bonds, endeavouring to sit up, howling, swearing, singing, and laughing.

"It is a case of chronic mania, *aggravated and kept up by the treatment pursued.*

"For her children, with a hereditary predisposition to insanity, no atmosphere could be found more likely to develop the disease than the one in which they live. Since she became insane, one of her sons has been removed to an asylum.

"She lives with her husband and family, and is not a pauper. The house in which she lives belongs to her husband, who is a jobbing carpenter, and if relief were given, that house would require to be made over to the parish."

On the receipt of this report, another effort was made, by petition to the Sheriff, to effect the liberation of this woman from a bondage which was unnecessary and cruel. But the effort ended in the Sheriff's finding that her bodily health would not admit of removal at that time, and consideration of the case was postponed till some change in her condition should be reported.

Against this finding an appeal was made to the Sheriff-Principal, who dismissed it.

She was again visited in the summer of 1860, and her condition found to be as before; but the report of this visit contained the following statements:—

"At my request, she was taken out of bed. She offered no resistance of any kind, and never attempted to use her hands, except to support herself. Her husband and daughter stated that the sole reason for the restraint was that, if at liberty, she would tear her bed-clothes. No reason was assigned for the restraint of the lower limbs by the sail-cloth. They stated that she would in no way injure herself. She eats well, and is in good bodily health, considering her position. In my opinion, she is quite fit for removal to any asylum in Scotland."

This was also the opinion of another of the Visiting Commissioners who had seen her, and who said:—

"Her pulse was not weak when I saw her, and I was told that her appetite was good. Her voice was strong, and her struggles to liberate herself were active and energetic."

Indeed it was believed to be highly improbable that a person requiring the continued application of such means

of restraint *could be* in a state of great feebleness or exhaustion, though it was admitted as a marvel that she had lived through it for eight long years. Although removal to an asylum was recommended, it was held that restraint was unnecessary even at home, and that it could be discontinued at once, wholly, and with perfect safety by placing a proper person constantly in charge.

By consent of parties the cause was again revived, and it terminated in the Sheriff's finding that she was an incurable furious lunatic; that the restraint was absolutely necessary for the safety of herself and the members of her family; that the restraint actually employed was not established to be unduly stringent; that it was proved she was well cared for; that in these circumstances, there were no sufficient grounds for depriving the family of her custody; and that in the admitted inability of her family to bear the expense of her maintenance elsewhere than in their own home, there were no competent grounds for subjecting the Parochial Board to the expense of her removal and maintenance in an asylum.

Against this extraordinary finding the Board again appealed to the Sheriff-Principal, but the appeal was again dismissed, and the Commissioners, two years after, had another opportunity of seeing the patient in the melancholy condition in which she had been found at former visits. I extract the following from the report then forwarded to the Board :—

"I requested the daughter and husband to take off the jacket and dress her in my presence. The state of filth in which her person and bed then were was urged as a reason for delaying this, and I consented to their proposal that I should call again on the following morning. I did so, and found the patient sitting at the fireside half-dressed. She was calm and settled. All restlessness and struggling had ceased. Simple questions were answered correctly. Surrounding objects interested her. She examined my watch with care, tried to make out

the hour, said it was gold and pretty. She asked me where I came from, and said over and over again that she would go away with me. She shook hands with me twice or thrice, and seemed pleased with my visit, and said she would like me to bring her sweetmeats when I returned."

After the departure of the Visiting Commissioner this frail, crippled, and exhausted woman, sixty-seven years old, was cruelly bound down again to her filthy bed, where she remained till she died last autumn, completing her tenth year of bondage. And so ended this remarkable case, the parallel of which I hope and think we shall never again see in Scotland. If a fuller account of it is wished, it will be found in the Fourth Report of the General Board of Lunacy.

THE PAUPER INSANE IN PRIVATE DWELLINGS.

We now come to the second class of the insane found in private dwellings, namely, those who are in receipt of parochial relief, in regard to whom the relations of the Board of Lunacy are closer and more definite.

It is the law of Scotland that all pauper lunatics must be placed in the asylum of the district to which they belong, unless removal has been dispensed with by the Lunacy Commissioners, and arrangements in private dwellings made to their satisfaction. In other words, if a person who is a lunatic becomes a pauper, and if it is proposed to place him or leave him in a private house, the sanction of the Board of Lunacy must be applied for and obtained, and so in like manner with those pauper patients who are removed from asylums and placed in private houses. If the lunatic is to be boarded with a guardian, who is not related to him, then in addition to the sanction of the Board the warrant of the Sheriff must

be obtained. In all cases, however, pauper lunatics in private dwellings are under the supervision of the Board. The Commissioners can withhold or withdraw their sanction, and in case of the refusal or failure of parochial boards to carry out the requirements of the Statute, they can take whatever steps may be necessary for the removal of the patients to asylums. It is thus seen that the Board exercises a very different degree of control over pauper lunatics in private dwellings from that which it exercises over the non-pauper similarly placed. It is directly responsible for their proper keeping, and accordingly their condition is personally examined and inquired into, with as great regularity and frequency as possible, and in addition to this parochial surgeons are required to visit them at stated times, and the Inspectors of Poor to make annual and other returns regarding them.

On the 1st of January 1862, the number of pauper lunatics thus exempted from removal was 1741, of whom 1338 were living with relatives, 334 with strangers, and 69 alone.[1]

[1] Further Statistics regarding the Pauper Insane in Private Dwellings :—

1. *Sex and Mode of Disposal.*

With relatives,	M., 618 / F., 720	1338
With strangers,	M., 139 / F., 195	334
Alone,	M., 12 / F., 57	69
Total number,		1741

II. *Form of Disease.*

Idiocy,	38·1	
Imbecility,	29·1	
Acquired insanity,	32·8	
		100·0

III.—

It is understood that all these patients belong to the so-called harmless and manageable class of the insane, and that the form of disease is incurable, and this is probably the fact with regard to 97 or 98 per cent. of the whole.

The number of pauper lunatics thus provided for is

III. *Changes which occur in Number and Condition of Pauper Lunatics living in Private Houses.*

Year.	Number on 1st January.	New Cases Registered.		Total on Registers during Year.	Withdrawn from Registers during Year by						Total Removals.
		Intimated by Inspectors of Poor.	Removed from Asylums.		Removal to Asylums.	Death.	Recovery.	Removal from Poor Roll.	Removal from Lunatic Roll.	Cause not given.	
1858	1784	390	40	2214	112	104	46	25	1	49	337
1859	1877	207	9	2093	55	86	33	39	8	25	246
1860	1847	125	33	2005	52	94	28	33	3	7	218
1861	1741	129	35	1951	28	81	21	39	13	28	210

N.B.—1858 and part of 1859 were exceptional years.

IV. *Cost of Pauper Patients in Private Houses.*

	Total Cost.	Cost per day per head.
1858,	£14,230 . .	£0 0 5
1859,	15,053 . .	0 0 5½
1860,	14,666 . .	0 0 5¾
1861,	14,855 . .	0 0 5¾

V. *Mortality of Pauper Lunatics in Private Houses.*

1858, . .	5·4 per cent.
1859, . .	4·6 ,,
1850, . .	5·0 ,,
1861, . .	4·5 ,,

VI. *Number of Dispensations applied for, and Mode of Disposal.*

From January 1858 to January 1862, dispensation was applied for in 2542 cases. This includes the number as on 1st January 1858, and 968 new cases after that date. Of the 968 new cases, 117 were removals from asylums to private houses, and the remaining 851 consisted chiefly of transferences from the indigent class of the non-pauper insane in private dwellings.

therefore large in itself, and it constitutes 33 per cent. of the whole number of the insane supported by the parishes of Scotland.

From January 1858 to the end of 1862, 4922 visits were paid to the dwellings of these patients, and a separate report on each visit was forwarded to the Board. In addition to this, 303 reports were received, which were founded on information communicated by others, where circumstances prevented personal inspection on the part of the Visiting Commissioners, who were further required to submit to the Board from time to time a generalized statement of their observations.[1]

The chief objects of these visitations were :—

"*First*, to procure the removal to asylums of such patients as there were reasonable grounds for thinking were still capable of being restored to sanity, or at all events of being improved in mental health under asylum treatment; *secondly*, the removal of those who, from the nature of their malady, or from the circumstances in which they were placed, there was reason to fear, might prove dangerous to themselves or others; and *lastly*, the removal of those who, from their mental or bodily ailments, could not be properly cared for at home. Another equally important object was, as far as possible, to insure the proper treatment of those patients whose removal to asylums was dispensed with."[2]

With this view, the adequacy of the alimentary allowance had to be considered, the sufficiency of the bed and body clothing, the state of the accommodation, the character and suitability of the guardians, the efficiency of the surveillance, the mode of management, the provisions against accident, the habits and state of health of the patient, etc. In short, the object of these visits was to secure that removal had not been dispensed with in

[1] The knowledge of the condition of all classes of the insane in private dwellings is thus founded on about 10,000 reports regarding them, up to 31st December 1862.

[2] *Op. Cit.* ii. 40.

cases which were not suitable for management in private dwellings, and that, a reasonable provision existed for the safe and comfortable keeping of those who were. In determining this question of suitability, however, the decision of the Board was not based solely on the nature or curability of the mental disease, but rested on a general consideration of all the facts in each case. The disposal of the insane ought not to be regulated by names and inflexible rules. What is possible and proper under one set of circumstances is not so under another. For instance, where the population is sparse, more lunatics may properly be left in private dwellings than can be where it is dense. And the whole question of removing a pauper lunatic to an asylum, or of leaving him in a private house, may hinge on the power of providing an efficient guardian. To a great degree the insane are harmless and manageable, or otherwise, according to their surroundings. It is easier to find these favourable in one locality than another; or the difference may depend on the degree of earnestness with which the attainment of the object is sought by those immediately concerned. So it may be proper to dispense with the removal of a patient in consideration of the then existing circumstances of his case, and afterwards to withdraw the dispensation when those circumstances have changed, without the occurrence of any alteration in the form of the mental malady, which however may change, as also may his bodily health, and so indicate removal to an asylum, which before had properly been regarded as unnecessary. To put the Board in possession of information which should guide them as to the granting or withdrawing of these dispensations was perhaps the principal object of these visitations; and in doing this, a large, accurate, and trustworthy knowledge was acquired regarding the

condition of those lunatics for whose safe and proper keeping the Board is itself *so directly and peculiarly responsible.*

It was found that the condition of the pauper insane in private dwellings was, on the whole, more satisfactory than that of the non-pauper; or rather, perhaps I should say, than that of the non-pauper who were in indigent circumstances. This is shown by the fact, that of the first 2078 applications for dispensation, 1674 were at once granted (with recommendations, however, in 721 of these, having in view the better treatment of the patients), 221 were refused till the condition of the patients was ameliorated, 56 were absolutely refused, and 127 remained under consideration when these calculations were made. The smallness of the number of absolute refusals was to some extent undoubtedly due to the deficiency of the asylum accommodation then existing in Scotland; a state of matters which the Board was obliged to consider, and which often led them to urge the parochial authorities to endeavour to improve the condition of the patients without removal. That these efforts were not always successful was shown by the fact that, while only 56 removals were ordered, 167 actually occurred. In other words, it was found impossible to render the condition satisfactory in private houses, though an opportunity of trying to do so was given; and accordingly after this failure, 111 were removed to asylums voluntarily by the parochial authorities. *But through these forced efforts to ameliorate the condition of the insane at home, a good thing was accomplished, for in many instances they were attended with complete success, and thus a fuller experience was obtained of the extent to which the insane can be properly provided for in private dwellings.*

In different parts of the country the standard of comfort varies among the general population, and a corresponding variation exists as regards the insane in these districts. Sometimes this general standard is so low (as in some parts of the Hebrides), that the Board has a difficulty in giving their sanction to a state of matters which may not be much, if at all, below that of the average. The general standard, however, is always taken into consideration, as being that to which the patient has been accustomed; and, as a rule, it is regarded as sufficient if the lunatic's condition shows a reasonable approach, as regards substantial comforts, to that of the poor but respectable portion of the general community. Excepting always those cases in which bodily infirmities or peculiarities of mental disease make extra comforts necessary, it has been thought satisfactory when these patients are found to be treated in all respects like the sane poor round about them, and among and with whom they live. It has not been considered desirable or just to raise the pauper lunatic's condition (unless under very exceptional circumstances) above that of the poor but respectable ratepayer, who lives next door to him, and who contributes to his support. In the vast majority of cases, it is enough if the patient is really treated as a member of the family in which he lives; if he is not half-naked and in rags, while they are warmly and sufficiently clothed; if he does not sleep in an outhouse or on the bare floor, while they have comfortable beds; if his meat is not thrown to him as if he were a dog, while theirs is decently served; if he is not unwashed and filthy, while they are clean, and so on in other respects. Indeed, if we pursue these reflections somewhat further, it will appear doubtful if an idiotic or fatuous person, altogether beyond the hope of restoration to sanity, has

a claim to a higher degree of comfort, paid for out of the public purse, than an ordinary sane pauper who is aged and infirm. There is certainly a difference between the two: the first will not be so easily kept as the second; he depends more on the care and supervision of others, and he cannot appeal against harshness or neglect. But it does not appear that if this public protection is given, and if he is surrounded with reasonable comforts, that anything has been left undone which a healthy benevolence indicates as proper or necessary. Rightly to understand the force of these remarks, it must always be borne in mind that we are dealing with those of the pauper insane, who are regarded as incurable, and as belonging to the so-called harmless or manageable class.

In certain counties where the standard of comfort and well-being among the lower orders does not sensibly differ from that existing in neighbouring counties, we nevertheless find that the pauper insane residing there are better kept, and are altogether in a more satisfactory condition. From the county of Aberdeen, for instance, the reports have always been notably of a favourable nature; that is, from the county *as a whole*, for certain parishes in it have had an unenviable notoriety of a different character. The explanation of this is probably to be found in a greater amount of consideration bestowed on this class of the insane,—in their being more thought of, more frequently seen, and better selected, by which errors are discovered and corrected, or their occurrence prevented. We are led to this conclusion from actually observing a difference in these respects in parishes which adjoin each other, yet which show in the one case everything right, and in the other everything wrong. The difference assuredly does not depend on the amount of the allowance, which does not vary.

Indeed it cannot be accounted for, I think, in any way, but as the result of greater consideration and attention on the part of those who have a local concern and responsibility in the patients. If we accept this as the true explanation, it shows how this, the cheapest of all ways of providing for the insane poor, if well directed, may with propriety receive a wider application than it has yet had.

Although the condition of the pauper insane in private dwellings, on the whole, was found to be more satisfactory than that of the indigent portion of the non-pauper insane similarly placed, yet the cases which I am about to detail in illustration, will present a picture of misery and suffering quite as sad in the one class as in the other. But I must again request that it be borne in mind that I am here illustrating the dark aspect of their condition; the errors and abuses which had to be corrected, and the recurrence of which has to be avoided and contended against. I must also repeat the assurance that not a few of them were found to be treated with kindness and consideration, and to be satisfactorily provided for. And it is with pleasure that I am able to state that much has been already done in improving the condition of those whose condition needed improvement, without resorting to removal to an asylum.

In the efforts to do this, difficulties of various kinds were encountered, some of which I shall now illustrate. Occasionally, for instance, the Board has had to contend against the interference of well-intentioned persons interested in the patient, as in the following case, reported on to this effect:—

"I. M., aged 53. Lives with her father and two sisters. Her father is an old man of 85, still able to work a little on the roads.

One sister is a woman of 50, in very delicate health and a pauper, and the other sister is said to be insane, but was not seen.

"The patient labours under religious melancholy. She has been 13 years insane. At the beginning she was violent, *frequently attempted to take away her own life*, and was constantly under restraint. She was at this time sent to an asylum and was there for 16 months. On leaving it she came to live with her father and sister, where she still remains. She now goes to church, reads, works regularly in the house, and is cleanly in her habits; but she is still very excitable, requires humouring, is inclined to wander, gets up during the night, becomes violent, and frequently requires restraint. She usually sleeps with her sister: but when excited she is locked into a small closet constructed for the purpose. They keep a pair of leather wristlets which they often apply, and which were last used about two months ago. Her feet are also frequently tied together.

"Her father seems much attached to the patient. Her delicate sister seems also very fond of her. There is every reason to believe that kindness moves them in all they do; and they will, in all probability, oppose removal, which, nevertheless, I cannot but recommend. The Inspector of Poor had no idea that restraint of any kind was ever employed in this case." [1]

On receipt of this report, the Board recommended removal to an asylum, but letters were received from gentlemen connected with the Parochial Board to which she was chargeable, asking the Commissioners to reconsider their finding, and in one of these it was stated that the sending her to an asylum "would be a most injudicious, cruel measure."

The Board, however, adhered to its decision, stating as a reason that "it was not improbable that in one of these fits she might do herself or others an injury."

Then came a minute of the Parochial Board, submitting that it appeared to them "that great hardship, and in all probability eventual injury to the poor woman would result from her removal to an asylum." But the

[1] *Op. cit.* i. 165.

Board still declined to undertake the responsibility of granting exemption in her case, stating their fears that "she might, in some fit of excitement, commit suicide."

Shortly after the despatch of this letter, the Board was informed that the woman was missing from her home. After many days' search, her body was found in a river in the neighbourhood. She had committed suicide by drowning; a catastrophe which probably would have arrived sooner but for the use of restraint. This had been relaxed, to some extent, after its discovery by the Visiting Commissioner.

At other times again, the immediate relatives and guardians of the patient interfere in a way which effectually defeats the endeavours of the Board to improve his condition, as in the following case :—

"R. H., age 50. Insane from childhood. Does not speak; jabbers; wets the bed; requires to be fed; not subject to fits; used to be ill-natured, and to wander; used to be chained by the feet to the chimney-jamb: the irons were padlocked on; found loosely tied with a rope to an arm-chair; it was said that it was to prevent his being burned; chews his bed-clothes and tears them; sleeps alone; bed had a urinous odour; lives with his sister and brother-in-law; is a pauper; has £12 per annum."[1]

The application for exemption in this case contained a note by the medical officer of the parish to the effect that "the circumstances in which the patient was placed were not such as to ensure proper care and treatment," and in consequence of this, and of the report by the Visiting Commissioner, dispensation was refused till the patient's condition should be improved. But his guardians declined to make any change, and when steps for removal to an asylum were taken, they intimated that rather than consent to this they would endeavour to support him without parochial aid.

[1] *Op. cit.* ii. 48.

To insist on removal, then, would be the striking of the patient's name from the roll; and "supposing the case to be a proper one for parochial aid, the attempt to improve the condition of the patient would not only fail, but would throw the burden of his maintenance upon those confessedly unable to sustain it. On the other hand, by granting dispensation a system of treatment would be perpetuated which could not be approved of."[1]

In more than one instance the evidence of insanity furnished by the medical certificates has been considered by the Sheriff to be weak and insufficient, and he has accordingly refused to sign the warrant. This happened in the case of a poor woman, who, in consequence of the refusal, was placed in the ordinary wards of a poorhouse, with this issue: "she rose from her bed during the first night, threw open the window, flung herself out, and was killed on the spot."[2]

At other times again medical certificates of insanity cannot be obtained, so as to bring the case under the Board's jurisdiction, and permit of the proper steps being taken for the improvement of the patient's condition. This happened in the following case:—

"M. C.—She has a dull melancholic look; is indifferent to everything about her; says she is unfit for work; complains of impossible pains and unreal weakness; is constantly regretting the past; is wakeful at night; hears noises; fancies people are about the house; is careless as to dress; does not wash herself; is almost constantly in bed; weeps and says there is no pardon for her sins; is pale and haggard in expression; eats tolerably well, and is not emaciated.

"I found her in bed, which she left at my request, and when brought to the light was found to be naked to the waist, a bit of dirty blanket being for the moment thrown round her shoulders. Her hair, uncombed, dirty, and matted, hung in disorder about her. It

[1] *Op. cit.* ii. 50. [2] *Op. cit.* iii. 8.

was admitted that she was frequently in a state of perfect nudity when in bed, yet she habitually sleeps with her father, whose age is probably between 70 and 80. She herself is 52 years old. These two live alone together in a wretched, filthy, comfortless hovel. Her father is of weak mind, and like his daughter shamefully neglects cleanliness. It is said that he sleeps with her because she is afraid during the night, yet his own bed is in the same room. They sleep together habitually, and not occasionally."[1]

This disgraceful state of matters could not be rectified because the patient was held to be sane; and for the same reason in the following case of epileptic mania, one of the most dangerous forms of insanity, removal to an asylum could not be effected:—

"M. C. was reported as a large heavy woman, 43 years of age; subject to frequent and severe fits of epilepsy, which on passing off leave her excited, affected with hallucinations, violent and destructive, and difficult to manage. Her mental powers, by the effects of the disease, are permanently impaired. She was further reported as having had her clothes more than once on fire, as bearing traces of frequent burns on her hands and legs, and *the danger of a fatal accident by fire was pointed out.* She was under the sole charge of her mother, an old woman, who was also a pauper, and quite unfit to take proper care of her. She slept on straw without any intervening sheet, and had only a bit of carpet to cover her."[2]

In consequence of this report the Inspector of Poor was called on to remove her to an asylum, but certificates were forwarded from two medical men declining to state that she was a proper person to be placed in an asylum.

Fifteen days after these certificates were forwarded the Inspector reported that she had severely scalded herself by spilling the contents of a teapot on her abdomen, and was so dangerously burned that it was doubtful whether she would recover. After a long illness, however, she did recover, and then her removal was again ordered, but the requisite medical certificates could not be pro-

[1] *Op. cit.* iv. 5. [2] *Op. cit.* i. 30.

cured. Eventually, however, though no change in her condition is known to have taken place, proper certificates were obtained, and this dangerous maniac was placed in an asylum, where she is protected against injuring herself or others.

A considerable number of pauper lunatics were found to be practically homeless. They were called inveterate wanderers, and it was said that the habits they had acquired could not be checked, and that the indulgence in them was a source of pleasure, and no hardship to the patients themselves. In many instances, however, it was clearly shown that this view was not a correct one. It was generally found that the vagabond life was associated with begging, and that it was pursued as a means of subsistence, and not because it afforded enjoyment.

While the patient is *tramping* the country, his parents or guardians are relieved of the burden of his support, and he is therefore encouraged, or perhaps forced, both to go out and to remain out. This usually begins before parochial relief is asked; then when it is applied for, after age or any other cause, by disabling his parents, has constituted a claim, the habits of the patient are considered in the amount of the allowance given—what he saves by being much away from home, and what he is believed from time to time to bring back from his begging excursions. And thus the habit must still be fostered. It is, in fact, still needed as a source of income—his support being more or less completely derived from it.

The case of J. L. will illustrate these remarks.

"She is said to have lost her reason some thirty years ago in consequence of a love disappointment, and she appears to have laboured originally under the mania of pride and vanity. She is now partially

demented, mutters incessantly, is quite incoherent, wears four or five cast-off bonnets, is clothed in rags, and often so naked as to be an offence to public decency, and a reproach to humanity; she wanders over a district sixty to seventy miles long, and often sleeps in the open air; even in the dead of winter, she has frequently been met at midnight in the most lonely and out-of-the-way parts of the country; she had at one time a dangerous habit of building stone fences across the road, but does not do so now; she is not mischievous; she is nearly sixty years of age.

"This woman has a nominal home with her sister, but is seldom there. A more miserable abode she could not have; squalid and bare; a little mud hovel on the hillside. She has no bed there, but when at home must sleep on the bare floor without a covering.

"In short, this poor woman *by wandering* will generally have more comfort and warmth at night, except when she has to pass it on the moor, and she will certainly find a fuller and a better meal, though at the risk of long and uncertain fasts. It is therefore *her interest* to wander, or rather *her necessity*, for she has no alternative but to beg, or to starve upon two-thirds of a penny daily; five shillings quarterly being the allowance which the parish gives her, and which her sister, who is in great poverty, can in no degree supplement.

"In the whole *home surroundings* of this patient, there is nothing to induce her to relinquish the habits in question, but everything to lead to their continuance.

"Let her be kindly treated, comfortably clothed, and provided with a warm bed, and three substantial meals every day in one place, and *there*, without compulsion, she will make her home, her wanderings will cease, and there will be an end to the fear generally entertained in the district, that some morning she will be found dead on the hillside." [1]

By this mode the Board recommended the parochial authorities to endeavour to make the condition of this patient satisfactory, but the effort was not made earnestly and judiciously, or with liberality, and it was not successful, and the patient was in consequence removed to an asylum, and an unnecessary burden thus imposed on the parish. The procedure recommended in this case

[1] *Op. cit.* ii. 216.

however, has in others resulted in the most complete success. I could furnish many excellent illustrations of this, but one will be enough. B. C. was for nearly thirty years a confirmed begging wanderer, rarely more than two nights in one house, and having a beat which embraced three large counties. Yet many years ago this woman was placed as a boarder, at four shillings a week, with a kindly old woman, whom she had been in the habit of visiting, and every night of all these years she has slept under her guardian's roof with one single exception, and that occurred at the outset of her stay, when she left the house apparently from not having realized that she might remain there, without being regarded as an intruder.

In actual fact, the wandering idiot or imbecile suffers great hardships. The life of the *Parish Fool* is in the main an exceedingly rough one. Here and there, it is true, he is well received, and in some respects kindly treated, but at the best, he only gets a plate of porridge, and a bed in the barn on loose straw, with a bag or two to cover him, and there are very few places indeed, if any, where the order to *move on* would not be issued if his stay were unduly prolonged. These statements flow from a large observation and much careful inquiry. This very year I saw the *lair* of one of these poor homeless wanderers on the top of a bleak moorland hill, not far from the roadside. It was in the most literal sense a *lair;* a long grave-like hollow scooped out of the earth, smooth and nestlike from much lying in it. I know well the wanderer who used to sleep there, and it is pleasant to think that, through the operations of the Board, she is now comfortably cared for, and that death from hunger or cold, all alone on the top of that bleak hill, is no longer possible. Such was the result which I dreaded when I first reported on her case, and such has actually

been the fate of another of her class whom I saw about the same time, and in regard to whom I expressed the same fears. This was the case of a comparatively young woman, who was absolutely homeless, and who, one cold winter morning, was found dead at the roadside. She had borne three illegitimate children, one an idiot and one an imbecile, and these she has left to the parish. She was a pauper only at the times of her confinements, supporting herself by begging when she was able to move about.

It must not be supposed that there is any desire unduly to restrict the liberty of these people, or indeed to restrict it to any greater extent than in point of fact is agreeable to themselves. With very rare exceptions it is *in quest of food*, and *solely in quest of food*, that they wander, and not from any peculiarity of mental disease, and the habit of wandering at once disappears when they come to know that every day in one place a good bed, three good meals, and a welcome are provided for them.

In some senses allied to this class of cases are those patients who are found living alone; that is, under no direct or immediate guardianship. The Board has usually condemned arrangements of this character, as defective and unsatisfactory, and the number of such cases has been gradually reduced. The following narrative will illustrate what is meant:—

"T. S.—A scene of greater confusion and dirt could not be imagined. She and her cats and hens occupy a small one-roomed hut, built for her at the back of a wood, on a piece of waste ground, with only one other dwelling in sight. The situation is bleak and lonely, and the house itself, though substantial and warm, has a painfully deserted and lifeless look. The filth and grotesque disorder of the interior are indescribable.

"All this is highly unsatisfactory, but that which makes the

arrangement for the proper care of the patient so very objectionable has still to be pointed out. Her age is said to be 78, and in her frailty she exhibits the evidence of this great age. Yet she lives alone in this isolated hut, practically under no surveillance, although her last dwelling was twice burned down, and although it must be evident to every one that the risk of a third conflagration is imminent. This danger arises from the bodily frailty of the patient, from her mental confusion and weakness, and from the nature of the rubbish with which her house is filled. An argument for not disturbing the present arrangement may be found in the fact that it has already existed for a long series of years without any fatal calamity. If in any case such an argument should be listened to, in this particular case it should not, and for the reason, that while the surroundings remain unaltered, she herself has undergone great change. She is now aged, frail, and increasingly imbecile, and beyond all doubt unable to provide for her own safety. There is another feature of her case which makes the need of guardianship still clearer. She is an inveterate wanderer, often leaving her hut at nightfall, and going long distances. She was lately seen on the road at midnight, and not long ago she was found with her face severely cut and bruised, and of this she could give no account. I venture to predict, that if the present arrangement lasts, this woman will either be burned to death, or found dead on the roadside or in her house. She labours under chronic mania, passing into dementia, and the mental disease is not small but great." [1]

In many such cases the Board has insisted on the appointment of an efficient guardian to save the patient from destruction by fire, as well as to secure reasonable comforts. Quite lately a visit was paid to an aged and frail woman, who believes herself to be the queen of the universe, who speaks in unknown tongues, and who had, at the time of the visit, seven dogs, eight cats, and twelve hens in a small room, which was so stuffed with old furniture as to leave little more than the hearthstone clear. It is said that she persists in living alone and will not submit to guardianship. I am satisfied, however, that when a serious effort is made to apply the proper remedy, no great difficulty will be experienced.

[1] *Op. cit.* iv. 57.

I am familiar with the anticipation of a similar difficulty in similar cases, and happily now familiar also with its easy conquest. D. B., for instance, is a case quite in point. He also labours under the mania of pride, and when first visited was found living alone in a small hut on the hillside far from any other human habitation, fancying himself the lord of all he surveyed, and there he might have lain dead for days before the discovery of the fact. When last visited, however, he was found under the guardianship of a distant relative, forming one of the family, well clothed and clean, with a comfortable bed, happy and contented, and speaking cheerfully of the change. His habits were such as to expose him under the old arrangement to the risk of death by fire or starvation, and it is certainly satisfactory to find him now living under circumstances so much safer, and, in all respects, so much more judicious and humane in their character. In point of fact, many of these patients appreciate the increased comfort and care, and when they have once experienced them display little or no tendency to return to those conditions or resume those habits, to which it was thought they were obstinately and inseparably wedded.

But *misery, neglect, injudicious management, cruelty, and restraint* were the more usual unsatisfactory features in the condition of pauper lunatics in private dwellings. Thus it would be difficult to imagine anything more miserable than the following :—

"A. M. lives in an outhouse constructed of boards, between which moss and earth are stuffed. It is thatched with broom. It has a rude porch and window. A man of ordinary size cannot remain upright within. It stands alone amidst pigsties and dunghills. The former are clustered around, and contain occupants infinitely more

clean and more comfortably lodged than the patient; the latter are within a yard of the door. The hovel is floored with boards which are damp, partly from the subjacent soil, partly from the habits of the patient. He passes his fæces and urine on the floor, which was still wet. The floor, part of the bedstead, and a rude chair were blackened and barked with a thick layer of filth, fæces, etc., which gave forth a putrid and most offensive smell."[1]

But sometimes the accommodation was found even worse than the foregoing, as the report which follows will show :—

"D. K.—House a small hovel, built of moss sods cut from its site, or from the surrounding almost inapproachable bog. The turf is built around a framework of hazel poles. The floor is of spongy moss, except where some rough stones have been placed by the occupant, who of course sits rent free in this ditch. All around is an unsafe quagmire, at present baked hard it is alleged by the sun, but during nine months of the year soft and spongy. The interior is dark, damp, dirty; so small that the Reporter had difficulty in standing upright; so rude as to remind him of the wigwam of the North American Indian. No measurements, no multiplication of epithets, nothing but a photograph could convey a notion of the squalor and misery of the hovel."[2]

A deficient protection against wet and cold were also found in another form, namely, in that of insufficient clothing. It is almost with hesitation that belief is asked in the following account of the condition of an active idiot lad eighteen years old :—

"From childhood, till within the last month, he has gone about the house and doors in a state of absolute nakedness, and all that he possesses at present in the shape of clothing is one short cotton shirt. Had not a few minutes' warning been given at my visit, I should not have found even this on. Such at least was the admission of his mother."[3]

In one of the many reports sent to the Board it is observed that

[1] *Op. cit.* iii. 256. [2] *Op. cit.* iii. 230. [3] *Op. cit.* iii. 249.

"There undoubtedly lingers the notion in the minds of many that the insane do not feel or suffer from exposure to weather or low temperatures in the same degree as other men. The idea, that all necessary comfort and protection were not secured in the following case, never appears to have entered the mind of the really humane persons in whose house the lunatic had voluntarily lived for a quarter of a century:—D. M.—He sleeps in a stall or compartment of a vast byre where cattle are placed during winter. His dormitory is under a roof, and partly enclosed by rough planks boarding up the unbuilt archways, not so adjusted however as to prevent the moon shining brightly within, and casting a broad light over the dirty straw which littered the floor. No one else of course sleeps there, but in winter he has cattle as companions. He sleeps on straw. The cold during winter must be dangerous."[1]

The nakedness of such persons, besides leaving them without a protection against cold, causes them to be an offence to public decency, but there are districts of Scotland in which the usual feelings in such matters appear not to exist, at least as concerns the insane portion of the community. On one occasion while examining a loathsome, slavering, deformed idiot of the lowest type, who was a full grown man, and who was found on the public road with nothing but a tattered jacket on his shoulders, and in a state of absolute nakedness below the waist, the inmates of the neighbouring cottages gathered round me, and among them were several young women, who looked quietly on, appearing to see nothing indecent or improper in the exhibition.[2]

The following report points to the same thing, and I shall give it at length, on account of its interest otherwise:—

"A. M.—I have never seen a better illustration of the ape-faced idiot than in this case. It is not, however, the face alone which is ape-like. He grins, chatters, and screams like a monkey; never

[1] *Op. cit.* iii. 231. [2] *Op. cit.* iii. 249.

attempting a sound in any way like a word. He puts himself into the most ape-like attitudes in his hunts for lice, and often brings his mouth to help his hands. His arms are long, and he has a constant tendency to drop on all-fours. He grasps what he brings to his mouth with an *affenish* hold. His thumbs are but additional fingers. He tears his clothes with his teeth and spits when angry. He has a leaping walk. He has heavy eyebrows, and short hair on his face and cheeks. His teeth are good, and his under-jaw large and round, but greatly projecting. He is muscular, active, but not dwarfish. He sits on the floor in ape-fashion, with his genitals always exposed. He has filthy habits of all kinds. He may be called an idiot of the lowest order, yet he has a brute-like intelligence in his eye. His head is not very small; its greatest circumference being 20½ inches; but in its shape it strongly exhibits the ape-form of abnormality.

"I found him wearing a coarse canvas dress, which was filthy, and in all respects insufficient. He lives with his father, brother, sister-in-law, and her family; and all these persons constantly witness the indecent exposure of person to which I have alluded, without any evidence of their perceiving anything improper or unusual in their so doing."[1]

Sometimes the changes recommended by the Board have reference to another violation of the laws of decency and propriety which is not unfrequent, and which may have the most pernicious results. Grown-up idiots of opposite sexes have been found occupying the same bed; for instance, a brother and sister, aged respectively 29 and 19, were found in bed together, the girl literally naked, and the lad with only a shirt on.[2] No other member of the family was in the house at the time of the visit. More frequently still, grown-up idiot or imbecile men have been found sleeping with their sane sisters or mothers. Thus, an active imbecile man of 40, and his sister, whose age was above 50, lived alone together, and slept habitually in the same bed. A father, in the vigour of manhood, has been found occupying the same bed with his grown-up imbecile daughter,

[1] *Op. cit.* iii. 249. [2] *Op. cit.* iii. 259.

and an idiot man has been found sleeping with his grown-up sister.

The frequency with which imbecile women have borne children, is a subject which has received much attention from the Board. It is mainly the result of insufficient surveillance on the part of those who act as guardians to these weak-minded females, who sometimes have to be protected against the strong erotic tendencies which they display; but who, more frequently still, have simply to be protected against advantage being taken by unprincipled men, of an ignorance of right and wrong, and of a facile and yielding character, extinguishing opposition on their part to temptations and excitements, before which the sound-minded female of the lower orders in Scotland is too ready to fall. My inquiries have convinced me that this view is a correct one. Its practical importance is readily seen.

Where the eroticism was very strongly marked, the Board has generally recommended removal to an asylum. Where it was less so, and where the risk seemed chiefly to depend on insufficient watching, the Board has contented itself with strongly pointing out the danger, and insisting on such arrangements being made as would secure an active and efficient surveillance, and thus afford a reasonable protection to the patient. In this way good has undoubtedly been done, or evil prevented; but by neither course can an absolute security be given, for pregnancies have followed when such patients have been placed in our best conducted asylums, as well as when they have been left at home under arrangements which have appeared to be satisfactory.

A comparatively small number of these pregnancies,

however, take place among the strictly pauper class. Indeed, since 1858, I can only remember five imbecile women who have borne children, and who were paupers at the time of conception. It is among the indigent portion of the non-pauper patients in private dwellings that this evil appears with greatest frequency, and in such circumstances, the birth of the child immediately leads to pauperism; for the father is almost always legally unknown, and in some instances the mother has been found to be an idiot of such a low class, as to be unable even to make an assertion on the subject.

In the counties of Aberdeen, Ross, Shetland, and Wigton, 34 idiotic and imbecile women were reported on who had borne illegitimate children. Of such women there were in these counties altogether 194 above the age of 20; so that 1 in 5.7 had given birth to one or more bastards.

In one of these counties, where illegitimacy is excessive in the general community, I found 113 imbecile or idiotic women above the age of 17. Of these, 22 had always lived under circumstances affording adequate protection to their chastity. Of the remaining 91, no less than 15 had given birth to children, 5 of them to more than one; and of the children so borne, 6 were known to be idiots. One of these women, with her two children, were all adults; and all three, for twenty years and more, had been a burden on the parish. There were besides, in the same county, three other idiots known to be the offspring of insane or imbecile mothers, now dead, or gone from the district.

Or take another of these counties separately, whose population is regarded as virtuous, that is, where the rate of illegitimacy is low—Zetland, to wit. I reported on

the cases of seven fatuous mothers there who had borne illegitimate children, three of whom were known to be idiotic or imbecile. Altogether in that county, I reported on five fatuous persons, the illegitimate offspring of fatuous mothers, some of these last being dead.[1]

In one parish in Ross-shire, I saw an idiot woman, who, before the age of 15, had borne a child, also an idiot, but now dead; and another loathsome, slavering idiot, who had given birth to a child still alive and sane.[2]

Indeed the feeling of disgust which the unhappy condition of idiotic and imbecile women usually inspires, does not appear to give them that protection which one would expect. Thus we read of "a squinting, hideous, dirty, drunken imbecile, who has borne three illegitimate children, all idiots, to different fathers. One of them, still lower in the intellectual scale than his parent, is in the poorhouse; another was burned to death; the fate of the third could not be ascertained."[3] Even when a repulsive appearance is associated with bodily deformity or physical helplessness, the result is sometimes the same, as happened in the case of an idiot woman, who had paralysis of the right side, who walked with difficulty across the floor, and who needed help in taking her food and putting on her clothes, yet who, in this helpless condition, became pregnant when she was thirty years old.[4]

The whole number of such women who have borne children in Scotland cannot be less than from 150 to 200, and many of these have given birth to several children. The serious nature of this social evil is made still more apparent when it is remembered that of their

[1] *Op. cit.* ii. 217.
[2] *Op. cit.* iii. 253.
[3] *Op. cit.* ii. 198.
[4] *Op. cit.* i. 195.

offspring at least two in five are as defective in mental condition as their mothers. This rate is calculated on survivors, and would be still higher were it not that, fortunately perhaps, the children of such women are often of low vitality at birth, and die in large numbers at an early period of life, chiefly, I believe, from this inherent defect of the power of living, but partly also from the rough, injudicious, and harsh treatment to which they are exposed after birth. The investigation of this whole subject has afforded the strongest possible proof of the hereditary nature of mental defects, and in so doing has clothed the question before us with additional importance, by showing that the unseemly event of an idiotic woman becoming pregnant is not to be obviated solely because it is a scandal to public morality, but for the further reasons that it propagates the deepest of human misfortunes, and imposes a heavy burden upon society.

Already, I believe, through the attention broadly and strongly drawn to this subject by the operations of the Board, both the evil and the danger are more fully recognised, and a more active surveillance is given with the best results; but I am of opinion that nothing would prove so effectual a check as to oblige the administrators of the criminal law to investigate every such case. Probably the investigation would seldom lead to much, but the certainty of its being made would act as a preventative. It does not appear that any new legislation would be necessary. The recent judgment in the case of Galbraith, tried before the Justiciary Court at Ayr, seems to assume that an idiotic woman cannot be a consenting party, and that connexion with her is rape. No accusation therefore is needed on her part, or on the part of any one. The fact of the pregnancy is the accusation, and at the same time is proof that a crime has been

committed, and the discovery of the perpetrator should be an aim of the criminal law, and the ground of an inquiry in every such case.

I think the Board has had to deal with no class of cases more painful or distressing in their nature than those in which the natural guardians of the patients have manifested a desire to trade upon their calamitous condition. Of this extinction of all proper and natural feeling, I can scarcely give a sadder picture than is furnished by the following report on the case of two brothers:—

"They are both congenital idiots; are unable to speak; can see and hear; are active, restless, and destructive; can neither feed themselves nor put on their own clothes; are apt to wander; are troublesome, and need constant watching; are not of cleanly habits, and are wholly uneducable and unproductive.

"I found one of them in bed, and very ill. Two or three days before my visit, his clothes (which were cotton) had taken fire, and before it could be extinguished his legs and body were severely burned. The clothes of his brother also gave proof of having been often on fire. In no respect were these patients found in a satisfactory state. Their persons and clothing were dirty in the extreme. They are often left alone in the house. The chief objection, however, which I have to their present condition, springs from the opinion I formed of their guardians. Though they are their parents, they appeared totally devoid of parental affection, expressing over and over again their wish to get quit of their charge. The mother, at the bedside of her suffering, helpless boy, expressed this wish, and she and her husband complained of the inadequate allowance, stating positively that they ought to have, and would not take less than 10s. weekly for each, which would be £52 yearly for the two, or considerably more than twice the earnings of any labouring man in that district. It was clear they wished to trade on and *make a profit out of* the misfortune of their children. They spoke in a heartless, unfeeling manner of their boys, and were rude and insulting to me when I pointed out that *they* had a duty to perform as well as the parish. The mother is an unprepossessing woman, and has had three idiot children. The father is a fisherman and crofter,

and pays about £4 per annum for his croft, on which he is able to keep about half a dozen cattle and a score or two of sheep.

"I am of opinion that the allowance is not altogether adequate, but I think the condition of the boys will not be improved though it be increased; and I therefore recommend their removal to the lodging-house for the poor at ——. I have visited this house, and find they can be well accommodated there. There are to be two permanent occupants, one of whom would be specially appointed to look after these boys, and would be selected for that purpose.

"The parochial surgeon accompanied me on the occasion of this visit. He had not previously seen the boy who had been so severely burned; that is, not after the accident, regarding the occurrence of which no information had been sent to him."[1]

Before the Board could take any steps to act on the foregoing report, a letter was received stating that the second brother had been burned so seriously as to cause death on the following day, and that the patient who was lying ill at the time of the visit, was "still suffering from the effects of the burn, which would not be healed for many months."

In this report a belief is expressed that though the allowance had been increased, the condition of the patients would have undergone no corresponding or proportionate improvement.[2] Indeed, it has frequently been observed that the wellbeing of the patients is not proportioned to the amount of aliment given, and this is quite as true of districts as of individual cases. The condition of that patient who has the largest allowance in Scotland, has never been reported on favourably, though a gradual improvement is taking place. Many similar patients are better kept in all respects at a fourth part of the sum which his guardians receive. And this difference has often little to do with the habits of the patient and the form of his mental disease, though, of course, these properly regulate to a great

[1] *Op. cit.* iii. 39. [2] *Op. cit.* iii. 237.

extent the amount of the allowance, as they do also the question of whether the patient ought to remain in a private house, or be removed to an asylum. Still an active, intelligent, and considerate supervision makes much possible and satisfactory, at a small cost, which without this is a failure, or but a partial and unsatisfying success, whatever be the amount expended. Already, indeed, the diffusion of sounder views as to the management and treatment of patients in private houses, is beginning to lead many of those who are concerned in the support of the insane poor, and who give the subject consideration, to perceive that this system has a broader application than has generally been thought, and that perseverance often brings about a satisfactory arrangement where it was not at first expected. The following cases will serve to illustrate these remarks:—

"H. M. has a comfortable home, under excellent guardianship, and by no provision could her happiness be more fully secured than by that which has been made for her. She is well clothed, well fed, and well housed, is kindly treated, has a large amount of liberty, and is happy and contented.

"She labours under the mania of vanity; says she is the Queen; wears a black gown, flounced and frilled, a large *white* cap, a *white* apron, and *white* muslin sleeves; *white*-washes her hands; has the wall of her bedroom covered with pictures, and the chairs and tables with *white* towels; wears several rings; says she is rich and great, and ought to be addressed as 'her majesty.' A love disappointment is the assigned cause of her insanity; she fancied that a gentleman of rank should have married her."[1]

Compare this with the case of Mrs. G., a singular parallel as regards the form and manifestations of mental disease, but widely different in comfort and wellbeing. She was found living alone, under no care or guardianship, and is reported to be often in want of the bare necessaries of life. She was constantly shut up in her

[1] *Op. cit.* iii. 252.

room, with her door locked, and was visited by no one. When we called she refused us admission, and gave no answer to our knockings. The Inspector of Poor fearing she might be dead, as she had not been seen for days, caused her house to be entered forcibly. Her mental state is thus described :—

"Mania of vanity; wears a huge turban or mitre-like headdress, vast neck-frills, and profuse flounces; *white*-washes her face; *white*-washes all her furniture; has a *white*-washed table in the centre of a *white*-washed floor surrounded by *white*-washed chairs, with *white*-washed peats on them, as guests to eat out of the *white*-washed plates with which it is covered. Says she is related to half the Dukes and Earls in the land. Was a lady's-maid, and fancied herself jilted by a man of position." [1]

By suitable arrangements, easily made and without much cost, this patient might have found as comfortable a home, and might have been as satisfactorily treated, in a private house, as her *double*, of whom we have just spoken.

The *mode of treatment* was in many cases regarded as highly injudicious. This appeared usually to result from ignorance of the principles which should direct the management of insane persons, though it sometimes depended on neglect of, or indifference to their wellbeing. By pointing out the proper course to be pursued, a benefit was conferred on the particular individuals whose treatment was in consequence modified; but this was not all, for in drawing attention to the errors which had been committed, and in showing how they were to be rectified, the seed of correct views was being sown in the community, by which the occurrence of similar errors may in future be obviated. Thus a prospective as well as an immediate benefit was conferred on the insane poor, or rather, I should say, on the insane generally.

[1] *Op. cit.* iii. 252.

I shall endeavour to illustrate a few of these errors of management, but it would take a volume to illustrate each of the thousand and one seemingly little but really important points of this nature which have received the attention and consideration of the Board.

It was found that many apathetic and melancholic patients, affecting solitude, were allowed or encouraged to lie constantly in bed. It is well known that this mode of treatment tends to increase and confirm the malady, and to lead to filthy and degraded habits. But besides this, the patient lies crouched up in bed, probably in order to increase warmth, till the legs become permanently and rigidly flexed on the body. Such calamitous results have frequently been met with. In one house two sisters were seen, who were thus rendered helpless cripples. One was still insane in bed, but the other had regained something like sanity, after six years' continuous confinement to bed had deprived her almost absolutely of the use of her lower limbs.[1] Many again were visited, who were on their way to this sad result. In not a few of these the recommendations of the Board as to future treatment were attended with perfect success without removal to an asylum, while in others it was found impossible to accomplish the desired changes at home, and the appliances and discipline of an asylum were then resorted to as necessary.

Sometimes *seclusion* has been that feature of the mismanagement which has been most prominent and most objectionable, as in the case of a young woman labouring under melancholia, with occasional fits of excitement, who was found to be almost constantly secluded in a small room built for the purpose. This life of solitary

[1] *Op. cit.* ii. 212.

confinement assuredly tended to fix her malady, and to quicken the progress of the dementia into which she had already begun to sink. A more judicious course of treatment was recommended, and at the next visit her case was thus reported on :—

"She now leaves her room and joins the family circle, occasionally assisting in household and field work. She observes and seems interested in what goes on around her. She thinks more of her personal appearance, and at her own request she has been taken to church, where she behaved with propriety. Her disease is of many years' standing, and restoration to sanity all but impossible; but it is satisfactory to note an improvement of so decided a character. Instead of being wholly a burden and unproductive, she is already restored to some measure of usefulness. Her own enjoyment of life is increased. And the importance of the change will not be felt by her alone, but by those also who tend her, and have so long tended her with unwearied care, and on whom her misery reacted, making their home cheerless and their hearts heavy, and giving strength to the predisposition which they are known to inherit. I have no doubt they will continue to use every effort to induce her to work, and to be much in the open air; making her eat at the table with them, and sit with them at the fireside during the evenings; leading her to resume her knitting and newspaper reading; taking her often to church; and treating her in all other respects in this spirit."[1]

Sometimes seclusion is associated with restraint of an active character, and in such cases the removal of the patient to an asylum is generally ordered. This is not always done, however, because it is sometimes thought that the violence which leads to the use of the restraint is brought on by the seclusion and injudicious management, while at other times it is thought that the violence is imaginary, or belongs to a former stage of the patient's disease, and that restraint may safely be discontinued, and the patient still be left in a private house.

Thus a patient labouring under chronic mania, im-

[1] *Op. cit.* ii. 207.

planted on congenital imbecility, was found living with his mother, an old woman of seventy, strongly attached to her son. He was confined constantly to a room, the window of which was boarded up. He lay there on loose straw, which from his habits was wet. He was emaciated and pale. He was dumpish, and refused to answer all questions, but muttered incessantly. He was said to be occasionally violent and destructive, and his mother kept a strait-jacket in the house, which the neighbours helped her to put on.

Fifteen months afterwards this patient was again visited, when it was reported as follows :—

"The condition of this lunatic has been greatly improved. I found him well-dressed, clean, and happy-looking. He was at the time of my visit acting as a servant at a neighbouring saw-mill. He was not a paid servant, but worked for his own amusement, having been at first urged to it, as suggested at the previous visit. (His work, however, is considered as worth something, and he occasionally receives a trifling remuneration.) No restraint is ever necessary now. He eats and sleeps well, and has gained flesh. He answers all questions addressed to him, though in a childish manner. He carries water, and assists in household work."[1]

The visiting-book of the parochial surgeon contained the following remark on the change accomplished in this case :—

"The mental improvement has been most remarkable; idiocy, in fact, converted into comparative sanity; and, in my opinion, solely attributable to his having been brought forward as a member of the family, and to the general moral elevation and treatment enforced by the Visiting Commissioner."

The following is a case somewhat similar in character. It is that of a man, 69 years old, labouring under dementia as the sequent of mania. It is stated in the first report on this case that he "has been in bed for upwards

[1] *Op. cit.* ii. 41.

of thirty years, during which time he was secured by an iron chain round the right ankle, which was fastened to the side of the bed frame."[1] He was then found sitting up in bed quite naked, with an old rug wrapped round him, and the house was described as "a wretched turf hovel; low, cold, damp, and dark, with openings between the turfs through which an arm passes easily." He was under the care of his sister.

This patient was removed to a better house, and placed under the care of a respectable couple, and the report of the next visit, between one and two years after these changes, was as follows :—

"He has a clean comfortable bed in a warm room; he sleeps on shavings which are changed every day; the sheets and blankets were clean and dry; his night-shirt was also clean; his room was tidy and cheerful; he is carefully washed every day; his guardian seems attentive to her duties, and to have gained the good-will of her charge, who became excited when removal to his old home was spoken of; soliloquizes continually; is childish and silly in all he says and does; is never noisy; his legs are permanently flexed on his body; he cannot walk; he feeds himself, and eats heartily; he is easily managed, though of dirty habits; he appears to be happy and contented, and to appreciate the change in his condition; such at least is the opinion of those who see him often; *restraint of no kind* is now in use.

"A very great improvement has been effected in this poor man's condition, and the occurrence of a similar act of cruelty in this parish is hereafter all but impossible."[2]

The opinion with which this report closes is grounded on the general attention which was drawn to the condition of this patient; on the views which were expressed by enlightened and humane men as to the treatment so long pursued; and on the demonstration of the soundness of these views, which all concerned in him witnessed in the improvement which was accomplished. The result was also useful as an indication of how much can be

[1] *Op. cit.* i. 204. [2] *Op. cit.* iii. 41.

done in a private house to attain all that is desirable under such circumstances. This, perhaps, is still better illustrated by the case of a woman who is described as strong looking, with a scowling expression, as subject to paroxysms of excitement, as being of dirty habits, and as living with a woman who was provided by the Inspector of Poor with leather muffs and ankle-straps, in the application of which she often required assistance. When first visited these means of restraint hung ostentatiously on the wall. The Board, after a careful examination of this patient, did not think an asylum necessary, but left her in a private house, and ordered the removal of all means of restraint, the improvement of the sleeping accommodation, etc. When again visited the following was the report made :—

"There has been no excitement, and no plea for restraint since last visit. The means of restraint have been delivered into the possession of the Inspector of Poor. Expression cheerful and good-humoured. Spoke more; muttered occasionally. Habits have become cleanly. Now sleeps up stairs in a clean bed in the same room with the daughter of her landlady. A sister-in-law lately saw her, the first visit she has received from a relative for seventeen years."[1]

The improvement effected in this and in the other cases which I have given in illustration of my subject, has been of a permanent character, and has already been submitted to a trial which has lasted for years.

A considerable number of patients have been found under restraint which was necessary, in the sense that they could not otherwise be safely kept in a private house. Such patients have at once been removed to asylums, and generally without any opposition from the parochial authorities. Indeed it has often happened that the patient has been voluntarily removed immediately

[1] *Op. cit.* i. 201.

after the visit of the Commissioner, and before his report could reach the Board, his examination of the patient having made it evident to the local authorities that the step was a necessary and proper one. Perhaps this has occurred most frequently in cases of recent insanity (the great value of early treatment being now much more generally acknowledged) or in cases where unknown suicidal tendencies were made apparent, or in cases where the form of the insanity or the nature of the delusions rendered the patients dangerous. I shall content myself with giving two illustrations of the preceding remarks :—

"L. W., aged 42.—Recently became insane, but has always been peculiar; is a labourer, but says he is a gamekeeper; says the Earl of W. gave him the appointment; goes about the hills on duty, as he supposes; took a gun out of a woman's house, and wandered about with it, loaded and capped, in search of poachers; to prevent the recurrence of this the gun was put out of the way; thereupon he went to the house and threatened to murder the woman and her children; in his excitement, it is said, he did push her over; says that the farms and moors round about belong to a cousin, who has no existence; told me he had arrested Mr. L., who rents the shootings at present; is said to have dug graves on the hills for the poachers whom he should shoot. Lives with his mother and brother, who have no control over him. He is strong and healthy." [1]

This man was immediately placed in an asylum, where he still remains.

So also a woman was visited this year (1863), and found to be labouring under epileptic mania, and to be often so violent as to require the use of the strait-jacket, and other means of restraint. She was twice visited in one week, and on the first occasion was found secured in a box-bed, arranged and made for the purpose; and on the second she wore a strait-jacket, which had been on for ten or twelve hours.

[1] *Op. cit.* i. 202.

A lunatic requiring treatment of this character was clearly not a proper person to be left in a private house, under any guardianship, and still less so under the guardianship of an old woman, and she was accordingly removed to an asylum.

The condition of pauper lunatics in private dwellings, as a whole, has undoubtedly undergone improvement, simply by the weeding out of these unsuitable cases; but it will be evident, from all that precedes, that this is but one of a very great many ways by which the Board has brought about that improvement which has now become very apparent, and which is chiefly due to attention being given to points which may seem small in themselves, but which are great and important in their influence on the lunatic's condition. As a rule, a more or less complete success has attended the changes made at the suggestion of the Board, but sometimes it has been greatly otherwise. Thus a poor idiot woman, utterly unfit to do anything for herself, was found living alone with her aged and infirm mother, who was almost bedridden. The state of filth in which they were found was indescribable. There was nothing in the patient's mental condition to make removal to an asylum necessary, and the appointment of an efficient guardian, to be properly remunerated, was the course which the Board recommended the parish to adopt, and which was accordingly put into practice. One would naturally expect that this step would remove what was unsatisfactory in the condition of the patient, and it would have done so, had there not been a want of judgment or conscientiousness in the selection of the guardian, though the person chosen was the patient's own sister. As it actually turned out, the well-intentioned efforts of the Board rather injured than bene-

fited the patient, who, on the next visit, was found in a small dark coal-cellar, securely locked, lying on loose rotten straw, in a bed 2 feet by 3 feet 10 inches, with at least a week's accumulation of her own excrement about her—her feet, legs, hands, arms, and neck covered with fæces. The house generally, and the condition of the old woman, had undergone the improvement which was desired, but the poor idiot was put out of the way and out of sight, and was altogether worse off than before. The failure of the effort made by the Board to improve this patient's condition should have been reported by the Inspector, who neglected this duty, or rather indeed appeared to have made no inquiries, and thus it was not discovered till she was again visited by an officer of the Board, when she was removed from her mother's house, and after being for a time under another guardian, was eventually placed in an asylum.

Among the various ways in which these visitations have done good work, there is still another to which I shall briefly allude.

It has been thought right to urge on the guardians of young imbeciles the duty of educating and training them as far as possible at home, and the proper method of doing this has been pointed out, and instructions given as to what it would be desirable and advantageous to teach. In many instances the success has been beyond expectation. Thus M. W. is reported on as follows :—

"Is an idiot; cannot tell how many fingers she has; does not know the day of the week; cannot tell how many pence there are in a shilling; has absurd notions on religious subjects, but can repeat several paraphrases; goes to church; is of cleanly habits; is easily managed; is affectionate; has an abnormal head; has long lived with a stranger; is well cared for.

"Of late is more useful; has been taught to knit and sew, and

does so tolerably well under guidance; has been taught to do household work under direction; goes messages, and earns regularly 1s. weekly for so doing; has only done this of late; has greatly improved in bodily health since efforts were made to occupy and employ her; is also more cheerful and contented."[1]

In this case both the Inspector of Poor and the guardian of the patient were much interested in the efforts to train her to habits of usefulness, and it is with pleasure they observe that their success has improved the health, and added to the happiness of the poor girl herself. All efforts to develop the usefulness of such persons are and should be encouraged, when they are conducted in a humane and judicious manner. To teach them self-control, to make them able to put off and on their own clothes, to make them acquire habits of cleanliness, and to render them in some degree useful, is to diminish the burden which their defect of mind imposes on their friends or on the public, and by so much indeed to diminish the defect itself, since that which was capable of cultivation has been cultivated. By every little thing the idiot learns to do, by so much is he less an idiot; and the width and importance of the difference between an idiot who can feed himself and one who cannot, between an idiot who can put on his own clothes and one who cannot, between an idiot who is cleanly and one who is the reverse, can only be thoroughly appreciated by those who have had much dealing with this class of the insane.

After all that has been stated in illustration of this part of my subject, it is clear that the condition of pauper lunatics in private dwellings must have undergone a considerable change for the better during the

[1] *Op. cit.* iii. 245.

last six years, and the mode by which this has been accomplished has to a great extent been explained. When the reports of 1862 from any district of the country are compared with those from the same district in 1858, *this* important difference is observed; at the outset the cases which were described as unsatisfactory and objectionable, and in which the interference of the Board was demanded, were much more numerous than they now are. In visiting one district this year, I made an effort to determine the exact manner in which this result has been attained, and I have been led to the conclusion, that it is due chiefly to the following causes:—

(1.) Patients, the character of whose mental disease made it improper or unsafe to retain them in private houses, have been removed to asylums. This refers chiefly to such cases as were deemed curable under asylum treatment; to suicidal cases, for whose protection the appliances of an asylum were needed; to dangerous and violent lunatics, who could not be safely kept in private houses without being subjected to restraint; and to patients whose habits or physical infirmities made a private house unsuitable.

(2.) Patients, who were neglected or harshly treated by their guardians, and for whom other guardians could not be found, have been removed to asylums.

(3.) Patients, situated like the foregoing, have been placed under other guardians when trustworthy ones could be found.

(4.) Several of the bad cases have been removed by death. These were patients whose physical infirmities, combined with dirty habits, made it very difficult to keep them properly in private houses.

(5.) An increased effort has been made to secure reasonable comforts to the single patients generally, and

they have as a class received greater attention and consideration from their guardians, from parochial boards, from inspectors of poor, and from the medical officers of parochial boards; and such arrangements have been made as were likely to secure cleanliness, active surveillance, sufficient clothing, comfortable sleeping accommodation, and kind treatment.

(6.) Many insane persons, in a state of extreme indigence, have had parochial relief extended to them, in consequence of an increasing liberality in the views which are now taken of such claims on public charity.

(7.) The arrangements for new cases (that is those intimated since 1858) have been better considered at the outset, and errors have been thus avoided. The patients themselves have also been more carefully examined as to their fitness for residence in private houses.

The following statement will give some idea of the extent to which some of these causes have been in operation.

When the district was first visited (in 1858) 293 lunatics, paupers and non-paupers, were reported on as living in private houses with relatives or strangers.

Of these, only 192 now remain as patients in private houses,[1] and the difference is accounted for thus :—

(1.) Death has removed 44, of whom 20 were paupers, and 24 not paupers.

(2.) Thirty-four have been removed to asylums, and of these, 30 are supported by parochial boards in whole or in part. Twelve of the 30, however, were not in receipt of parochial relief when first seen, that is before removal, and several of these 12 were then reported on most unfavourably.

[1] Cases intimated since 1858, and new cases brought under the notice of the Board, are of course not embraced in this number.

(3.) Seventeen are now regarded as sane. With reference to a few of these, I am of opinion that this conclusion is not correct, but others, I think, are properly regarded as sane. These last include cases of puerperal mania, cases of melancholia or depression connected with over-lactation and under-feeding, and cases of mental excitement or disturbance arising from intemperance.

(4.) Six have left the district or country. These consist chiefly of idiots or imbeciles, whose parents have had to make a change of residence, going for work to some other county, or leaving the country altogether.

(5.) Four patients are now paupers, who at the first visit were not so, though then in a state of great poverty. This is exclusive of those pauperized by removal to an asylum.

The foregoing facts recapitulated and put into a tabular form, stand thus :—

Original Number, ...		293
Dead, ...	44	
Removed to asylums, . .	34	
Not now regarded as insane, .	17	
Left the district, . .	6	
Remaining, . . .	192	
	—	293

It would be a mistake, however, to suppose, as at first sight may appear, that the good effected has come mainly through a reduction of numbers, for in point of fact this is not the case. New cases have been steadily added, and in these care has been taken to secure from the beginning a satisfactory arrangement. That the total number of pauper lunatics living in private houses has not materially decreased, will be seen from the following table :—

Total number on 1st January	1858, . .	1784
,,	,, 1859, . .	1877
,,	,, 1860, . .	1847
,,	,, 1861, . .	1787
,,	,, 1862, . .	1741

THE EXTENT OF PROPER PROVISION FOR THE INSANE WHICH CAN BE FOUND IN PRIVATE DWELLINGS.

It must not be supposed that the picture I have drawn of the condition of the insane in private dwellings is a picture which represents the condition of the *whole* class. This would be a most incorrect conclusion. It was *necessary* for me, as I have said, to illustrate the *dark side* of their condition. I could not otherwise have shown the benefits which recent Statutes have conferred upon them, nor the propriety of giving them a full consideration in all legal provisions for the care and treatment of the insane. I could not otherwise have shown the working of the Scotch Law in regard to them: the abuses and evils to be corrected; the dangers to be avoided; the difficulties and failures encountered; and the successes achieved; nor could I otherwise have educed those lessons, which the very dealing with these abuses and difficulties has supplied, as to the extent of proper treatment for the insane which can be found in private dwellings.

For these and other reasons, I have thought it right to draw attention strongly to the unfortunate aspects of their condition. There is, however, another side to the picture, and this exhibits not merely a negation of evil, but is a picture of a highly gratifying and instructive character. In actual fact, a very considerable proportion of the insane in private dwellings were found to be well treated, and the instances were numerous in which we encountered the most pleasing illustrations of self-sacrifice and devotion, of affection and good feeling, of kind and

judicious management, of cleanliness and comfort, of happiness and content. In those instances again where mistakes had been made, or abuses allowed to creep in, the recommendations of the Board were received by the great majority of parishes in the very best spirit, so that many of these also have now to be added to the list of those whose condition has always been reported on as satisfactory.

I do not think I can give a more striking illustration of how much can be done for one class of the insane in private dwellings, than is furnished by the following remarkable case, relating to five idiots or imbeciles, who most assuredly found, in the home of their mother and under her treatment, a degree of comfort and happiness which could not have been found for them in the best pauper asylum in the kingdom, at five times the cost which was laid on the parish by the arrangement described :—

"A., J., R., W., and A. N., paupers of the parish of Minto.

"Nothing could be more gratifying than the condition in which I found these five imbecile or idiotic persons. The most unexceptionable cleanliness, order, and propriety were observed everywhere within doors. There was great evidence of comfort, with a complete absence of luxury. The surroundings of the house were equally pleasing. Neatly trimmed hedges and well-kept gates enclose a flourishing vegetable garden; every less useful corner of which is filled with roses, pansies, mignonette, sweet-william, southern-wood, and mint. Weeds are the only things which do not seem to flourish there. The very pigsty and dunghill are made to offend neither eye nor nose. The pleasure of looking on such a picture, however, is vastly heightened when it is learned that the garden was enclosed and laid out, the hedges planted and trimmed, the gates made and hung, the flowers raised and arranged, and the pigsty built by the brother of the lunatics, under whose charge they live, and who is a common day-labourer. He and his mother, a thrifty, tidy, old woman, with his four brothers and his sister, constitute the household.

"One brother is wholly unproductive, but even he takes an interest in the garden and pigs. The other three break stones, and do harvest work under direction, and earn a little steadily. The sister is very

useful within doors, assisting her mother in all kinds of household work. The house has been brought to its present state by work in after-hours, and all the brothers assist, each in his own way, and to the extent of his ability. To all of them it is an object of pride. Even the most idiotic of them insisted on pointing out to me 'THE muckle cabbage,' and seemed delighted with my praise.

"They are all sober, industrious, and saving. Their clothing, outer and under, was without rent or spot, though of very plain and common material. The parish treats them well, giving for all about £17 a year, and a ton of coals. The kirk-session gives £2 a year and a suit of clothes to each. A Nobleman in the neighbourhood put the house into a comfortable and habitable state, and now gives it to them rent free. He also gives them a supply of meal.

"Thus, one hard-working lad is able, with these aids, to maintain in comfort and happiness his six dependent relatives; and there can be no doubt that, in consequence of their being so well housed, clothed, and fed, and surrounded with so much personally to touch and interest them, the productiveness of the imbeciles is increased; they are more contented, more settled, and more manageable, and their mental powers, instead of being further destroyed, are, if not improved, at least turned to some account. These men, if they were leading an unhappy and miserable life, exposed to sources of irritation, insufficiently clothed and fed, bedded in filth and discomfort, would cease to work in a great measure, if not in whole; would become less manageable, and might, nay, would probably, prove troublesome or dangerous to the lieges. The condition in which I found them reflects great credit on all concerned in their management and care." [1]

It would not be possible to multiply pictures altogether so remarkable as the foregoing, but cases approaching it are numerous, and many of them approach it so closely as to convince us that there is nothing in the nature of things to make it exceptional even in degree. The reports on cases whose condition was satisfactory do not abound in striking details as do those on cases where everything was the reverse.

From the facts which I have detailed, showing that much of a faulty and objectionable character was brought

[1] *Op. cit.* iii. 245.

to light in the condition of the insane in private dwellings, no conclusive argument must be drawn against the propriety of providing in that manner for a certain class of lunatics. Such reasoning would be weak and illogical, and might be used with equal force against every other mode of providing for them which has been or may be suggested. The condition of a certain number of patients in private dwellings was highly unsatisfactory, while the condition of others was highly satisfactory, and between the first and the last every gradation appeared. But it has been the duty and aim of the Board of Lunacy to endeavour to bring *the whole* up to a point which should give satisfaction, and I have surely made it evident that their efforts in this direction have already been attended with an unquestionable success, and that if pursued in the same spirit, they give promise of still higher achievements.

Would it have been reasonable to have wiped public asylums out of existence, or condemned them as useless and pernicious, because at one time (and that within the memory of the living who are not yet old) all accounts of the condition of the insane in them were little other than a revelation of the most frightful horrors? We do not go further back than 1815, to reach the era of asylum reformation in this country; and the following is given as a true average picture of asylums as they formerly existed :—

"The building was gloomy, placed in some low, confined situation, without windows to the front, every chink barred and grated—a perfect gaol. As you enter, the creak of bolts and the clank of chains are scarcely distinguishable amid the wild chorus of shrieks and sobs which issue from every apartment. The passages are narrow, dark, damp, exhale a noxious effluvium, and are provided with a door at every two or three yards. Your conductor has the head and visage of a Charib; carries a whip and a bunch of keys; and speaks in harsh monosyllables. The first common room you examine, measuring

twelve feet long by seven wide, with a window which does not open, is perhaps for females. Ten of them, with no other covering than a rag round the waist, are chained to the wall, loathsome and hideous; but, when addressed, evidently retaining some of the intelligence and much of the feeling which in other days ennobled their nature. In shame or sorrow, one of them perhaps utters a cry;—a blow which brings the blood from the temple, or the tear from the eye, an additional chain, a gag, an indecent or contemptuous expression, produces silence. And if you ask where these creatures sleep, you are led to a kennel, eight feet square, with an unglazed air-hole eight inches in diameter; in this you are told five women sleep. The floor is covered, the walls bedaubed with filth and excrement; no bedding but wet decayed straw is allowed, and the stench is so unsupportable, that you turn away and hasten from the scene. Each of the sombre colours of this picture is a fact; and those facts are but a fraction of the evils which have been brought home to asylums as they were."[1]

When official inquiry brought to light the fact that a large number of our public and private asylums were so constructed and managed as to make the foregoing a correct average picture, should the law have ceased to sanction the existence of *all* such institutions? Assuredly not, and for the reasons that what was true of many was not true of all, that not a few were found to be conducted on most humane principles, that these gave good results of treatment, that they served a benevolent and useful public purpose, and that there was no reason why, under proper supervision and regulations, all of them might not be brought up to that standard; and the result has established the soundness of these views.

I am led to make these remarks, because the disclosure of grave and numerous abuses has been used as an argument against any *systematic* effort to provide for a certain class of the insane in private dwellings. It is said, for instance, that treatment of a barbarous character

[1] Browne on Lunatic Asylums, 1837, p. 132.

has been largely revealed, and that no guarantee against its frequent recurrence could be afforded by the utmost supervision which is possible in such circumstances, and that the risk of this is increased by the fact that the guardians are common, uneducated people, sometimes of a low and coarse class. It is true that much cruel treatment has been found—chiefly, however, among non-pauper patients, in regard to whom the law avoids close relations; but it is also true that the extent of this in Scotland has already been very greatly reduced, and that it would be impossible now to find such flagrant cases as have been found. In many instances it certainly would be an advantage if the guardians were of a better class; but they certainly do not, as a rule, belong to a lower grade of society than do the attendants in asylums, over whom all admit that a direct and constant supervision is necessary to give the patients a reasonable security against blows and neglect. The guardians of pauper single patients are usually persons who have resided long in one locality, and who can be judged of as to their general respectability by their behaviour in the ordinary affairs of life over a long series of years; and besides this, in the vast majority of cases, they are selected on account of some blood-relationship to the patients, which, usually at least, will give them an interest in their wellbeing. We must remember, too, that cruel treatment still occurs, and cannot be avoided, in our best asylums. This very year two attendants in one of our large public asylums were tried for brutally assaulting a patient, and were both condemned to six months of penal servitude. Yet this asylum is known to be conducted on the most humane principles, and is in all respects well regulated. Last year, in the same part of the country, a man with his wife and daughter

were tried for cruelly using a patient who had been boarded with them, and they were all sentenced to short terms of imprisonment. Such unfortunate events will occur again, I doubt not, both among patients in and among those out of asylums; but neither system of providing for the insane must on that account be condemned, so long as it is shown that a fair and reasonable protection is given against the occurrence of the abuses in question.

So also it may be objected that dangerous patients have been met with in private dwellings in considerable numbers, and that thus the safety of the lieges is not properly consulted; but this objection falls to the ground when it is stated that the system of providing for the insane, now under examination, is intended only to embrace *selected* cases, and that danger and the necessity for restraint would be regarded as fatal to the suitability of any patient. In this selection, errors of judgment may and undoubtedly will occur, and sometimes may possibly have calamitous results; but there is already a considerable experience to show that the chances of such errors are exceedingly small. We may still have among these patients cases of suicide, or perhaps of furious assault. Indeed, with all the appliances of our most perfect asylums, these misfortunes cannot be prevented. Within the last three years, in another of our public asylums under the most able and enlightened superintendence, two assaults with fatal issue have been committed by the patients; and few, if any, large asylums are able to get over many years without having to record in their registers a death by suicide. In the establishments for the insane in Scotland, 18 deaths by violence and suicide have been recorded since 1858.

"Probability is the guide of life." It ought to be our

guide in such questions as these. And experience, I think, justifies me in stating that, among the two thousand carefully selected cases placed in private houses with the Board's sanction, there is every reasonable *probability* that the chapter of accidents will not be a larger one than it would have been had they been disposed of in any other manner.

Again, it is alleged that efficient surveillance in the cases of young imbecile women of erotic tendencies cannot be furnished in private houses, and I admit this as a difficulty. Indeed, it could scarcely be otherwise, since it is found impossible to afford a sure protection to such women even by placing them in asylums. Two imbecile women have this year left one of the best known public asylums in Scotland in a state of pregnancy, yet both are believed to have been placed there by the parishes to which they are chargeable, among other reasons, for the purpose of protecting them against such a misfortune. Similar mishaps have occurred in other asylums, and, though I hope I may be wrong, I think I may predict their occasional occurrence in all time coming.

We may draw, however, what conclusion we choose as to the propriety of recognising the possibility of providing properly for a certain class of the insane poor in private dwellings, and of bringing this form of provision *under a system;* we may theoretically dispose of the insane as we like; but practically there will still be a very large number of insane persons left in their own homes, or boarded in private houses—not much diminished, probably, by any views which may be taken as to the propriety or impropriety of leaving them there. In all countries, and at all times, there has been a large number of the insane thus provided for, and so in the future it

will continue to be. It would require the most stringent enactments, and would involve the country in a ruinous expense, to make it otherwise; and besides, it would be difficult to make it appear even as probable that the doing so would serve any good or humane purpose. Indeed, "that all cases of insanity should be placed in asylums, is a proposition not to be entertained." The welfare of the patients would not thereby be promoted, while the expense to the country would be vastly increased.

If then they are not to be placed in asylums, how are they to be disposed of, so as to obtain for them a fair and proper protection, and at the same time make the burden of their maintenance lie as lightly as possible on society, due regard being had to the patients' wellbeing? In my opinion, proper treatment can be found for a large number in private houses; and so far as the teaching of my observation and experience goes, the actual number of patients so disposed of could be considerably increased, with advantage both to the insane themselves, and to the public who support them. The Board of Lunacy has repeatedly expressed similar views in their annual reports; and indeed during the last few years psychological journals, at home and abroad, have been full of matter indicating a growing faith in the extent of proper treatment for the insane which can be thus provided. In this country, general attention was first drawn to the subject by a series of able articles which appeared in the *Scotsman* newspaper in 1857 and 1858, and which are well known to have been from the pen of Sir James Coxe. Since that time the Scotch Board of Lunacy has had opportunities of testing opinions on this subject, such as have fallen to the lot of no other similar Board. The views, therefore, which have been officially expressed

as to this mode of disposing of a certain number of the insane, possess a very high value.

I have said that in my own opinion the existing number of such patients could be increased, with advantage both to the insane poor themselves and to society; and I shall now endeavour to show that this is correct. And first as regards the insane poor themselves.

Many lunatics are quite capable of appreciating the amenities of domestic life, and of enjoying the individuality which they acquire in private houses, and which they cannot have while part of the population of a large asylum. Though their mental powers may be deficient, or their intelligence perverted, many of them still have "warm affections, and are capable of deriving pleasure from social intercourse."[1] To such patients the weary monotony of prolonged confinement is irksome, and injurious at least to their bodily health, if we may judge by the improved physical wellbeing and greater chance of living, which we know they acquire by removal to more natural or less artificial surroundings. But it is probably injurious also to their mental health, for it is a generally received opinion now that "all great aggregations of permanently diseased minds is an evil which as much as possible should be avoided, as their tendency is undoubtedly to lower and degrade each constituent member of the mass."[2] It is clear therefore that continued confinement may be an injury to many of those patients for whom the appliances of an asylum have ceased to be necessary, and that, under proper arrangements, their removal may become the source of increased comfort, happiness, and general wellbeing.

So much then for the advantage conferred directly on the patients themselves, but there is also an advantage

[1] Rep. Gen. Board of Lun. for Scot., ii. 43. [2] *Op. cit.* ii. 41.

conferred on the class to which they belong, in the following manner :—

By their removal to private dwellings, a saving to the parish follows,—a much greater saving than can be attained by disposing of them in any other way. As the consequence of this, parochial boards manifest a greater readiness *at once* to extend the benefits of asylum treatment to the poor who may become insane, without waiting for the arrival of *ordinary pauperism*,—say, through the exhaustion of the few pounds which the labourer or tradesman may have by him at the time when the calamity arrives. To wait for this, might involve a delay which would be fatal to the chance of cure, or make that a matter of years which might have been one of months.

Then as regards society—the benefit conferred there will consist chiefly in a diminution of expenditure ; and this consideration is assuredly a proper one, providing always that the wellbeing of the insane poor, in a broad sense, does not suffer. It is clearly desirable to diminish the cost of lunacy to the country by every method which will not injure the insane themselves. In attaining this lessened outlay, in the way now proposed, public charity will actually bestow its benefits more widely ; that is, a larger number will be cared for ; and it is surely the ultimatum and perfection of good management in this matter not to bestow a spurious and costly care on the few, but to make a reasonable and substantial provision for the comfort and wellbeing of the many—of the whole if possible ; and the more cheaply this can be done, if nothing *right* be left undone, the sounder is the beneficence and philanthropy.[1]

But I shall easily show that there are reasons for

[1] *Op. cit.* iii. 245.

giving weight to these considerations of expense, which are good and increasing in strength. In every country of Europe the question of the accommodation of the insane is daily becoming more and more embarrassing—the difficulty of suitably providing for their always increasing numbers being everywhere felt.[1]

It is believed by some that this increase is accounted for by a more frequent occurrence of insanity, due to the dangerous speed of modern life. It does not, however, appear that the great progressive increase in the actual amount of insanity in this and all other countries of Europe depends on any sensible or material increase in the rate of its production, which is remarkably stationary, yet in spite of this there is a steady and rapid increase in the total numbers of the insane. A careful examination of the facts does not leave us in doubt as to the way in which this takes place. *More persons are annually entered on the great general list of the insane, than are annually removed from it by death, recovery, or any other cause, and there is thus an accumulation.* This is probably due in a great measure to the longer life which a more humane treatment secures. It is not, however, with the explanation but with the fact that we have at present to do. The increase in the amount of insanity in the land does not then depend on a greater disposition in modern times to mental disease,[2] but on an accumulation of old cases; of patients labouring under the chronic and incurable forms of insanity. It is *for these* that the constant increase of asylum accommodation is demanded, and it is *of these* that the population of all asylums chiefly consists. Without any increase in the rate of admissions, they gradually become full, which no asylum designed for the use of a district ought ever to

[1] *Op. cit.* [2] *Op. cit.* iv. 29.

be, lest it should necessitate the refusal of recent cases, and thus interfere with the highest object of asylums, which is "the treatment of the insane with a view to their restoration to sanity."[1]

These opinions as to the origin of the increase of insanity can be easily and conclusively established by figures, which exhibit this broad fact that since 1858 the admissions into public and private establishments for the insane have been on an average more than 150 above the removals from all causes. This becomes at once evident if we compare the whole number of admissions with the whole number resident in asylums from 1858 to 1862 :[2]—

	Whole Number of Admissions during each year.	Whole Number resident in Establishments on 1st January.
1858, . .	1448	3965
1859, . .	1422	4114
1860, . .	1442	4350
1861, . .	1496	4462
1862, . .	1374	4579

This table exhibits a remarkable steadiness in the annual production of insanity,[3] but at the same time a very decided increase in its whole amount.

But not only is the increase absolutely great, it is also steadily progressive, thus showing that its cause is still in continuous operation. The character of the cause, however, is such, that we know it must some day cease to exist. Sooner or later we must reach the end of this form of increase. If the rate of production remains as heretofore, a constant quantity, we must eventually arrive at a time when the yearly *entries* on the great roll of lunatics will not exceed the *removals*. Death itself will do much to effect a balance. Nor will it have to raise the percentage of its tribute, for at the old rate,

[1] *Op. cit.* iv. 49. [2] *Op. cit.* iv. 30. [3] *Op. cit.* iv. 29.

it will draw a larger revenue when a larger population makes the payment.

Unfortunately, we have the strongest reasons for believing that this "good time coming" is still very far away. For proof of this we have only to turn to the experience of the English Board of Lunacy, which is longer than that of the Scottish Board by ten years. In the Asylums, Hospitals, and Licensed Houses of England and Wales, there were 14,560 patients on the 1st of January 1849; ten years afterwards, on 1st January 1859, this number had risen to 22,853; nor did it stop there, for by the last returns, on the 1st of January 1863, it had gone up to 27,339. The causes which have produced this startling increase in England are the very same causes which are producing the corresponding increase in Scotland, for there, as here, we have no good evidence of its resulting from any greater proneness to mental disease. Indeed, we have rather proof of the contrary. Thus, if we examine the admissions for the last period referred to, from 1859 to 1863, we shall find that remarkable constancy of production which holds in Scotland, as the following table exhibits:—

	Admissions.
1859, . . .	9104
1860, . . .	9240
1861, . . .	8955
1862, . . .	8804

It has been said of England, that "the rapid way in which county asylums are increasing in size, and the ever-recurring necessity of building new ones are facts calculated seriously to move the public mind, and to make thoughtful men ask, what is to be the end of it."[1] In Scotland we have not yet got our district asylums,

[1] *Journal of Mental Science*, No. xlvii. p. 362.

but, nevertheless, we have already absolute proof that the two countries are nearly parallel in the character and rate of the increase of lunacy in them. And after our district asylums are opened, we shall not have long to wait before we are able to put on record a reflection like the foregoing. We have *already* a great increase to provide for, and most certainly we are not yet even in sight of the end.

It is a most important feature of the increase we are describing, that it is almost entirely confined to paupers, and that it represents a large annual increase in the cost of pauper lunatics in asylums, by which additional importance is given to this subject as a social question. The following figures will make the growth of pauper, and the stationary character of private lunacy quite apparent, as indicated by the asylum accommodation occupied by each class :—

	Pauper Lunatics in Establishments on 1st January.	Private Lunatics in Establishments on 1st January.
1858, . .	2953	1012
1859, . .	3103	1011
1860, . .	3379	971
1861, . .	3470	992
1862, . .	3548	1031

This Table shows that pauper lunatics *in establishments* have increased from 2953 in 1858, to 3548 in 1862, while the number of private lunatics has remained almost stationary ; and this can only be explained by supposing either "that a large number of private cases are improperly removed, or that a large number of pauper cases are unnecessarily detained."[1]

When the "*discharges*" of the two classes are examined and compared, a striking difference is observed

[1] Report General Board of Lunacy for Scotland, iv. 30.

in this, that many more private than pauper patients are discharged unrecovered. Thus, during the four years from 1858 to 1861, there were 1603 admissions of private patients, and 635 discharges unrecovered; and during the same period, 4195 admissions of paupers occurred, with only 432 discharges unrecovered. The difference here is so very great, as to indicate something wrong on one side or the other. It is probable that some private patients are improperly discharged from asylums, either because their friends are unable longer to support them there, or do not choose to do so, or for other reasons unconnected with their mental condition; but there is no cause to think that this is true of any very large number. Altogether, the difference between the two classes in this respect is so great (being 39.6 per cent. in one case, and only 10.3 in the other), as to lead fairly to the conclusion, that a certain number of pauper patients are detained in asylums without sufficient reasons. These consist chiefly of patients whose disease has undergone such changes as to make it possible to provide a reasonable degree of comfort and safety for them, without having resort to the costly appliances of an asylum;—patients, in short, who are incurable and easily managed. There is reason for thinking, even as regards paupers, that some patients are placed and kept in asylums more for the convenience of those who are responsible for their proper keeping, than from any regard to their own comfort and welfare.

Indeed, from the very *nature* of asylum populations, (when we remember that their increase is due to a steady accumulation of old cases), we may safely draw the inference that there *must be* included in them a certain proportion of incurable lunatics who do not absolutely require asylum care or treatment, and who could other-

wise be provided for at less cost, and with no loss of comfort. But this opinion has been confirmed by actual observation, the Commissioners in Lunacy having frequently called attention to the fact in their visits to the various asylums.

The principle which at present regulates admissions and discharges seems to be this—not easily in, and still less easily out. Now, looking at insanity as a disease, and asylums as institutions for the cure of it, *the treatment involving a deprivation of the patient's liberty*, the principle ought to be—easily in, and not easily detained.

It is the secondary object of asylums which makes them places of care for the insane ; and this, as concerns paupers, strictly applies only to those who, though incurable, cannot be restored to liberty, because they are dangerous to themselves or others, or because for any other reason their safety and comfort cannot elsewhere be provided for. The number of these last ought to be kept down as much as possible, and there ought to be good and strong grounds for their prolonged detention. Both for reasons of humanity and of policy, *this* ought to be the case ; for—

1. It does not tend to increase their happiness and wellbeing.

2. It tends to produce an interference with the primary objects of asylums—the cure of insanity.

3. It unnecessarily increases the burden which Lunacy lays upon the country.

How then are we to dispose of this accumulation of chronic and manageable cases? The answer I give to this is, that in a transference to private houses, under proper regulations and supervision, one excellent outlet for the accumulation may be found.

To some whose minds are deeply impressed by the picture I have drawn of the miserable condition of *many* so provided for, it may appear that courage was needed to make this recommendation; but it must always be remembered that *the many* were, after all, little more than a few of the whole, and that the condition of a large majority was reported on favourably—there being no room in such cases for striking detail. I had to show that the insane actually out of asylums had a strong claim on our consideration and attention, and in doing this I had to disclose their sufferings and misfortunes. But it would be an error to conclude that because *much* was bad, *all* was bad; and besides, it would be contrary to the *fact*, which was so greatly otherwise, as to make it impossible, in my opinion, to draw from the entirety of the Board's experience any other lesson than this — that a large number of one class of the insane poor can be more satisfactorily and cheaply provided for in private dwellings than in any other way.

I do not discuss the question of poorhouses here, the lunatic wards of which I have classed with asylums. Transference to such institutions would assuredly be no advantage to the patients, and a comparatively small advantage to the country. As the character of poorhouse accommodation for the insane becomes more satisfactory, its expense becomes greater, and approaches that of district and public asylums. And it will do so still more nearly, if, as is possible, those parishes which provide and make use of lunatic wards in their poorhouses are charged by the asylum of the district a higher rate of board for the patients they send there, than is paid by those parishes having no such accommodation. Then the objection to great aggregations of permanently diseased minds would

still exist, with the injurious effects of prolonged confinement, want of occupation, and an unnecessary restriction of liberty. Members of parochial boards too frequently draw conclusions on this subject from hurried visits.

"They are satisfied if they see clean wards and sufficiently clothed inmates. But they do not realize the weary monotony of the patient's existence; their prolonged confinement to rooms, the clean bareness of which is in itself chilling and depressing; their scanty exercise in narrow yards,[1] and the feeling of injustice which such treatment frequently engenders in the minds of those in whom disease has not altogether destroyed the power of reflection."[2]

In the last Report of the English Commissioners it is well stated, that "the restrictions under which workhouses are managed, and which are, perhaps, necessary to check imposition and disorderly conduct on the part of ordinary paupers, are ever more or less extended to the insane paupers."[3]

This is clearly an injustice, and loses sight of their unfortunate and pitiable condition. *Their* poverty requires no test. *They* are not voluntary or temporary inmates. *They* are kept there against their will, and their disease being chronic, they are usually destined wearily to "*moon*" away their whole lives in narrow, high-walled airing-courts, which a recent writer has happily called *air-tanks*.[4]

The influence of such agencies may be read in the mortality, which is much higher among the insane in the lunatic wards of poorhouses than among the insane disposed of in private dwellings, though they both belong

[1] Before 1858 the airing-courts for lunatics in one of the poorhouses of Scotland were only 8 yards square; they were then increased to 12 × 8 yards, and still more lately to 16 × 13 yards. The surrounding walls are from 10 to 11 feet high.

[2] *Op. cit.* iv. 43.

[3] Report of English Com. in Lunacy, 1863.

[4] Thirty-sixth Report, Murray's Royal Asylum, Perth, p. 15.

to the same class, and consist of cases selected on the same grounds. This difference in the rate of mortality is exhibited in the following Table :—

MORTALITY.—PERCENTAGE ON AVERAGE NUMBER RESIDENT.

	Pauper Patients in Private Dwellings.	Patients in Lunatic Wards of Poorhouses *licensed for Chronic and Incurable Cases only.*
1858,	5·4	9·4
1859,	4·6	9·5
1860,	5·0	10·1
1861,	4.5	13·1

Another argument is here found in favour of providing for a certain number of the insane poor in private dwellings. Though better fed and better clothed in the poorhouse, still the health-conditions are more unfavourable, and the death-rate higher. It would almost seem, indeed, as was once oddly remarked to me, that under one set of surroundings the patients would die of starvation on beefsteaks and porter, while under another they would thrive on sawdust porridge, and this is but an exaggerated way of stating a well-known fact in physiology.

As regards the cost of pauper lunatics variously provided for, the question stands thus :—The average daily rate of maintenance over five years has been :[1]—

In public and private asylums,	£0	1	3¾
In lunatic wards of poorhouses,	0	0	11¼
In private dwellings,	0	0	5¾

[1] Cost of daily maintenance of pauper lunatics in private dwellings :—

1858	£0	0	5
1859	0	0	5⅛
1860	0	0	5¾
1861	0	0	5¾

So that the cheapest way of providing for lunatics in public establishments is 100 per cent. more than the cost of maintaining them in private dwellings. I do not anticipate that the difference would be so great if the system were extended, because we should then have a larger number boarded with strangers; but there is a certainty that the difference would always be great, and there can be no doubt as to its being the cheapest mode of providing for them. We have figures to prove it; but without such figures we might hold it as proved, for do not thousands of labouring men in Scotland support themselves, their wives, and their children on smaller annual incomes than the cost of one pauper lunatic in an asylum, besides providing for "the rainy day"?

The total cost of pauper lunacy to the country is great, and is increasing every year. It is important to bear in mind that this increase is almost entirely confined to the maintenance of those in asylums, as will be shown by the following table :—

COST OF PAUPER LUNATICS.

	In Private Dwellings.	In Public and Private Asylums and Lunatic Wards of Poorhouses.	Total.
1858,	£14,230	£66,422	£80,652
1859,	15,054	73,091	88,145
1860,	14,666	78,348	92,547
1861,	14,855	82,992	97,332

To prevent any great further increase of the burden which pauper lunacy lays upon the country, providing this can be done without injury to the insane poor themselves, would be a laudable aim. But it will be impossible long to do this unless some channel be found into which the accumulation of chronic and incurable cases can be diverted; so as to keep down the number of

patients unnecessarily maintained at high rates in asylums, and avoid, what is otherwise sure to happen, a continually recurring need of an increase of asylum accommodation. It appears to me, as I think it must do to all who have followed me, that the receptacle for this overflow cannot be more easily or properly found than in a transference of such patients to private dwellings, and I recommend it for these two good reasons :—

(1.) It is the best thing for these patients.

(2.) It is the best thing for the country.

Fortunately the recent amendment of the Lunacy Act has given facilities for putting these views into practice. It was formerly illegal to retain more than one lunatic in a private dwelling without a license, the minimum cost of which was £15. But by the Amendment the Board is empowered to grant "special licenses to occupiers of private houses for the reception and detention therein of lunatics not exceeding four in number, without the exaction of any license fee."[1] Such patients are of course to be *selected*, and the houses are to be under regulations emanating from the Board, and are to be visited by its officers. It is expected that this power, in connexion with that also conferred, "of sanctioning the discharge of patients from asylums on trial or probation, will tend to facilitate the restoration to ordinary life of many patients for whom asylum treatment and discipline are not absolutely required."[2] Patients thus discharged on probation "may be absent from the asylum for any period not exceeding six months, and in the event of a relapse, they may be re-admitted into the asylum from which they were removed, without either fresh medical certificates, or a fresh order of the Sheriff.

[1] Rep. Gen. Board of Lun. for Scot., v. 2. [2] *Op. cit.* v. 2.

Their names in the meantime remain on the register of the asylum, and hence they may be regarded as only absent on leave for a certain stipulated period."[1]

These enactments, which are so decidedly in the spirit of advanced views as to the care and treatment of the insane, are quite recent and but little known, and have as yet received but a limited application.

During the last twelve months, however, 110 patients have been discharged on probation. A considerable number of them, though still insane, have proved to be so easily managed as to be fully discharged at the expiry of the probationary period, when arrangements were made of a permanent character for their residence in private dwellings. In only nine instances has it been necessary to re-send the patients to an asylum.

Again, during the same period 21 houses have received the special license of the Board, 4 for non-pauper cases, and 17 for paupers. Only one of the patients removed from asylums and placed in these houses has returned to an asylum, on the ground of improper selection, which was recognised when first seen by the Visiting Commissioner. In consequence of this the Board of Lunacy resolved to examine all patients, whose removal was proposed, before the step was taken. In all the other cases the arrangements have proved satisfactory, and most of the patients are likely to remain as they now are during the rest of their lives.

It is creditable to the Parochial Board of the city of Edinburgh and to its Inspector that they have taken the initiative in this experiment, with the results of which, up to this point, they are highly satisfied, and which they think they can advantageously extend. It is all

[1] *Op. cit.* v. 34.

the more to their credit that, having to deal with a city parish, the experiment to them was difficult, since they were unable to find suitable private houses in Edinburgh, and were consequently obliged to look for accommodation in other parishes. Most of their patients have been boarded in the parish of Kennoway, in Fifeshire, where they have been repeatedly visited during the course of the past year by officials of the Board of Lunacy. In many respects these "*special licensed houses*" may be looked on as *an experiment;* and consequently (as indeed was expected) difficulties were encountered which had not been foreseen. These, however, were not of a character which proved troublesome in correction, or which may not in future be obviated. Hitherto, in short, the experiment has been attended with a more decided success than could have been fairly anticipated —in its outset at least—and enough has already been seen and done to demonstrate the propriety and advantage of giving to this plan of providing for one class of the pauper insane a much wider extension.

Almost without exception the patients thus disposed of are found to be contented and happy, and to exhibit an improvement in their physical health. They are treated as members of the family, occupy the same sitting-room, and eat at the same table. They are clothed as the villagers generally are, and most of them go regularly to church. They send and receive letters, and are visited by their friends, and occasionally by the clergymen of the locality. They have tea-parties and pic-nics. Their occupations are varied, and usually such as they have been accustomed to. Some are chiefly employed in ordinary household work, and others in knitting and sewing. One acts as nurse to her fellow-

patient, who is old and infirm. Some of the men do field-work and look after cattle, and one was met returning from a neighbouring village to which he had been sent with butter and eggs. In short, their time is spent in occupations of a quiet and commonplace character, which are not, however, the less useful or proper on that account. Care has been taken to secure comfortable sleeping accommodation, and each patient has been provided with a separate bed. As a rule, the best room in the house has been made the sleeping-room, and it is generally snugly and fully furnished. In one or two cases, indeed, the bed-room is quite equal, as regards comfort, to what is furnished to better-class asylum patients. The guardians are persons reputedly of good character, and without any such employment as would take them from home. The common remuneration is 5s. per week, body-clothing not included.

We have spoken of this as *an experiment*, but it must be remembered that it is so only as regards the possibility of placing *two, three, or four patients together* in a private house. As regards the possibility of placing a large number of them *singly*, there is already a long and well-tried experience,—the average number so disposed of, with the sanction of the Board of Lunacy, being from *seventeen to eighteen hundred.* Under the original Act the number in each house was restricted to *one*, and we are presently discussing the operation of the recent withdrawal of that restriction, a step which was recommended to the Legislature chiefly from the Board's experience of what had been and could be done among patients placed *singly.*

But, though not in our own country, we have *elsewhere* received what we cannot but take as a lesson as to

the power of disposing thus of a certain class of the insane. For many centuries a large number of lunatics have thus been provided for in the parish or commune of Gheel, in Belgium. It was originally resorted to as early as the seventh century, from a superstitious belief that at the shrine of St. Dympna the troubled in mind would recover health and calm. The disappointed were many, but they lingered in the neighbourhood, clinging to the hope that the saintly cure would yet come. But it came not, and in the cottages where they had at first sought a temporary home they found a permanent one. Thus they increased in number, and grew into a sort of colony, to which at length insane persons were sent, simply because a home could economically be found for them there, and not from any particular faith in the powers of St. Dympna. The *establishment*, for so it may be called, is now under government regulations and official superintendence, and it is thus *acknowledged* that it humanely serves a useful public purpose. When the writer was last there the patients numbered about 800, nearly 700 being paupers sent from all parts of the kingdom. They were boarded, at about half the rate charged by asylums, with the villagers, artisans, and crofters of the district, each guardian having one, two, three, or four patients, the higher numbers being comparatively rare. There was a great amount of kind treatment, of wise management, and of general wellbeing seen in this colony. Abuses and errors were also seen, but the cases in which they occurred, and whose peculiarities led to them, could and should have been removed. And as these were few in relation to the whole, there would still have remained a very large number of patients whose perfectly satisfactory condition supports the views I have enunciated as

to the extent to which one class of the insane poor can be properly provided for in private dwellings. For this reason I have very briefly noticed this interesting locality. But my position, I think, would have been good without any such allusion, and I have adduced the experience at Gheel not at all as necessary, but merely as supplementing the wider and more valuable experience acquired in Scotland through the operations of the Board of Lunacy.

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